



Creating value with every transaction.

Corporate Headquarters
113 Seaboard Lane, Suite B-170
Franklin, TN 37067

Sales Headquarters
31 S. Eagle Road, Suite 206
Havertown, PA 19083

ACH AGREEMENT

Following is an agreement for automatic monthly payment. Please fill out all banking information, sign and date the form. Return the form with a cancelled or voided check to:

BEFORE APRIL 18th
ProfitPoint Inc.
31 S. Eagle Road, Suite 206
Havertown, PA 19083

AFTER APRIL 18th
ProfitPoint Inc.
4 Rockbourne Road
Clifton Heights, PA 19018

FAX 866-221-1089

Authorization Agreement For ACH Service

Merchant will establish and maintain an account at an ACH depository institution approved by SunTrust Bank. I(We) _____ hereby authorize SunTrust Bank on behalf of ProfitPoint, Inc. to automatically initiate and make debits (charges) to our account (and for our bank to accept and post such debit entries) indicated below for the monthly subscription amount and related fees to ProfitPoint, Inc. We also authorize charges for any additional services requested by us, which charges and services shall be more particularly described by ProfitPoint, Inc. at the time such services are provided. I (We) understand that ProfitPoint, Inc. will impose a fee of \$25 in the event a debit entry is unpaid by our bank. This authority is to remain in effect until SunTrust Bank on behalf of ProfitPoint, Inc., has received written notification from us of its termination of such authority at least thirty (30) days prior to the required charge. Any charge which is established, based on written information, to be incorrect will be corrected upon written notification to ProfitPoint, Inc. If corrections to the debit account are necessary, it may involve a credit or debit to my Account.

STAPLE OR TAPE VOIDED CHECK HERE

Bank/Depository Name: _____
Bank Address: _____ City: _____ State: _____ Zip: _____
Bank Account #: _____ Routing #: _____
Customer Signature: _____ Date: _____
Printed Name: _____ Company Name: _____

