Authorization for Direct Deposits/Debits

This authorizes Red Check Solutions to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future . This authorizes the financial institution holding the Account to post all such entries.

Account Information:

Account Type (checking, savings...)_____

_____ _____
Name of Financial Institution Branch

_____ _____
City State

_____ _____
Bank Routing # Bank Account #

This authorization will be in effect until the Company receives a written termination notice from Red Check Solutions and has a reasonable opportunity to act on it.

_____
Signature

_____
Printed Name

_____
Date

(Please Attach a Voided Check)

P.O. Box 3012, Marble Falls, Texas 78654 Telephone 877-733-2432 Facsimile 830-265-4019