



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Legal Business Name _____

DBA Name _____

Address _____

City _____ State _____ Zip _____

(Customer Name) _____ hereby authorizes U.S. VENTURE, INC., its subsidiaries, affiliates, and divisions (collectively "USV") to initiate, at USV's discretion, debit and/or credit entries to the Customer's bank account indicated below, and also authorizes the depository institution named below to debit and/or credit such entries to the Customer's account, at periodic intervals, for all invoiced balances owed by Customer to USV, and for any amounts arising under any and all notes, contracts, guaranties, and/or any other evidence of debt, including any and all extensions, renewals, amendments, modifications, and/or substitutions thereof. This Authorization Agreement supersedes any previously executed Authorization Agreement regarding funds transfers between USV and customer.

Bank Name _____

Address _____

City _____ State _____ Zip _____

Bank Routing Number _____ Bank Account Number _____

Bank Contact _____ Bank Contact Phone _____

Type of Account Savings Checking *****Please attach a copy of a voided check (requirements below)*****

This Authorization Agreement shall remain in effect until terminated upon 30 business days written notice by either the Customer or USV. Notice of termination shall in no way affect debit entries initiated prior to the effective date of termination. This EFT program may be modified by USV at any time with 10 business days notification to the customer.

Authorized Signature _____

Printed Name _____

Title _____ Date _____

USV will send this form to your bank indicated above.

Voided Check Requirements:

1. Legal Business Name must be printed on the check (not handwritten)
2. If a check cannot be provided, include a letter from your bank confirming:
 - Legal Business Name
 - Bank Routing #
 - Bank Account #