



# Authorization Agreement for Direct Payment (ACH Debits)

Please complete this form and fax it to (310) 257-0051 or send it by email to info@vivinavi.com WITH A VOID CHECK.

I/we, the signer below, hereby authorize Vivid Navigation, Inc. to initiate debit entries for payment of advertising services and any other fees incurred for using service to my/our account at the depository financial institution named below, hereafter called DEPOSITORY. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of applicable laws. I/we further agree that this authorization is to remain in full force and effect until the loan is paid in full and/or Vivid Navigation, Inc. has received written notification from me/us of its termination in such time and manner as to afford Vivid Navigation, Inc. and DEPOSITORY a reasonable opportunity to act on it. Should there be any outstanding balance, Vivid Navigation, Inc. reserves the right to charge the balance to my/our account without giving a prior notice.

## DEPOSITORY INFORMATION

Please check **one box only** which you authorize Vivid Navigation to enter the account.

Personal Checking    Personal Saving    Business Checking

DEPOSITORY Name \_\_\_\_\_ Branch \_\_\_\_\_

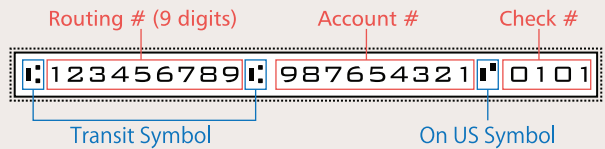
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Route Number (First 9 digits on bottom left of check)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Account Number (Remaining digits not including check number)

\_\_\_\_\_



\* Routing Number is located between the |: |: symbols

- \* The total amount shall be equal to the sum of the payments agreed by both parties in the service agreement or confirmed online.
- \* ACH Return Fee (due to insufficient funds, closed account, invalid account number, or any other reasons) will be charged \$25 per return. A returned ACH debit must be redeemed by money order or credit card.

As an authorized signer, I hereby understand and agree all of the above terms and conditions.

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

Signature

**X**

Sign here

Date

**[IMPORTANT]** We will contact you in a few business days to confirm the information. Should you not be contacted within a few business days, your form may not be delivered to us. Please contact us at (310) 326-2900 or info@vivinavi.com in such case.

