BS 2 – COCARD SYSTEMS
EFT AUTHORIZATION FOR CHECK PROGRAM

I hereby authorize GULF MANAGEMENT SYSTEMS, INC., hereinafter called the Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that Company may cancel this payment plan at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damages, losses or claims resulting from all authorized actions hereunder.

_____ _____
Payer's Signature **Date**

Check one: _____ New Participant ____ Change

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

PAYMENT INSTRUCTIONS:

Payment Start Date: 10th of _____ Monthly Payment: $ _____
I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections.

BANK ACCOUNT INFORMATION:

Bank Name: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

PLEASE ATTACH A VOIDED OR CANCELED CHECK