



Electronic Debit or Credit Card Authorization

Please complete, sign and return by fax or Email. Fax: (303) 449-0797 Email: rseale@gsinc.com

The undersigned authorizes GBS, Inc. to initiate either an electronic debit, or to create and process a demand draft against my bank account, or charge my credit card according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing:

Single Payment of \$ _____ on _____ 20__

Recurring Payment Starting on _____ 20__ and on the 10th of each month following for the amount of \$ _____

Please complete this section if electing Payment Mode: ACH Bank Transfer

Bank Information:

Bank ABA (Routing) Number _____

Bank Account Number _____

Bank Account Type: [Consumer Checking/Savings or Business Checking/Savings] _____

This payment authorization is to remain in full force and effect until the undersigned notifies GBS, Inc. of its cancellation by sending written notice in such time and in such manner to allow both GBS, Inc. and receiving financial institution a reasonable opportunity to act on it.

Please complete this section if electing Payment Mode: Credit Card

Credit Card Number: _____ Exp. Date: _____

Credit Card Billing Street Address (to Which Statements are Mailed): _____

Billing Zip Code: _____ Name On Card: _____ CCV _____

*This section must be completed

[Customer Signature]

Customer GBS S/N

[Customer Printed Name]

Customer Phone Number

[Date Signed]