

**FLORIDAUC, INC., AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBIT ACCOUNTS FOR UCC PROCESSING AND REQUESTS)**

COMPANY NAME: _____

CONTACT NAME: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (____)____-____ **FAX:** (____)____-____

COMPANY TAX I.D.: _____

I (We) hereby authorize Image API, Inc. to initiate debit entries, and credit entries or adjustments if necessary to correct debit entries made in error, to the: _____ checking _____ savings account indicated below. Further, I (we) authorize the financial institution named below to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TRANSIT/ABA #: _____ **ACCOUNT NUMBER:** _____

This authority is to remain in full force and effect until Image API, Inc. receives written notification from me (us) of its termination in such time and in such manner as to afford Image API, Inc., and the financial institution named above, a reasonable opportunity to act on the written notification.

NAME: _____ **NAME:** _____

Signature: _____ **Signature:** _____

DATE: _____

Attach a voided or canceled check for confirmation.

Return application to:

FLORIDAUC, Inc.
Care of: Image API, Inc.
2670 Executive Center Circle West, Suite 100
Tallahassee, FL 32301
Attn: Kristine A. Davis
