INTUITIVE TECHNOLOGY SOLUTIONS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDIT)

I hereby authorize INTUITIVE TECHNOLOGY SOLUTIONS, LLC., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit and/or debit the same such account.

DEPOSITORY
NAME _____BRANCH _____

CITY _____STATE _____ ZIP _____

ROUTING # _____ ACCOUNT # _____

ACCOUNT TYPE (check one):   ( ) CHECKING   ( ) SAVINGS

EMAIL FOR PAYSTUB: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(s)_____ SS# _____
         (Please Print)

SIGNED _____ DATE_____

SIGNED _____ DATE _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

REQUIRED: A "VOIDED" CHECK MUST BE ATTACHED TO PROCESS