



Electronic Funds Transfer (EFT) Authorization Application

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: (_____) _____ Work phone: (_____) _____

Automatic Billing Information

Payment Instructions: Savings Account Checking Account

Payment Start Date: ____/____/20____ Payment Amount: \$_____

I authorize Gulf Management Systems, Inc. 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: PLEASE ATTACH A VOIDED CHECK

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

The Parties Hereby Agree As Follows:

DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT AND UNDERSTAND IT

AGREEMENT: I (MEMBER) hereby authorize ESTASI (Company) to initiate debit entries to my bank account on the fifteenth (15th) of each month. **This authorization is to remain in full force for twelve (12) consecutive months.** I understand that I am entering into this agreement for a period of 12 months, and that I agree to pay the monthly dues and other dues in accordance with this agreement for a period of Twelve (12) consecutive months. This authorization will automatically renew for another twelve (12) months unless COMPANY has received written notification from me at least thirty (30) days before the last day of the twelfth (12th) month, instruction COMPANY not to automatically renew this agreement. **I UNDERSTAND AND AGREE THAT MY FAILURE TO USE THE TREATMENTS ALLOWED DOES NOT RELIEVE ME OF MY PAYMENT OBLIGATIONS UNDER THIS AGREEMENT.**

TERMINATION: I understand that I may be allowed to cancel the agreement so long as I (A) provide COMPANY with written proof that I have moved my residence 25 miles away from ESTASI (I must show a utility bill reflecting my new residence), and (B) I pay a \$50 termination – processing fee.

DEFAULT: I understand that any failure to pay on time the monthly payment and other charges provided by this agreement shall constitute default by me. In the event that I remain in default for a period of sixty (60) days the Company may, at its option, terminate the agreement and apply termination-processing fee of \$50. **MEMBER IS RESPONSIBLE FOR THE ENTIRE BALANCE PLUS ANY ADDITIONAL COLLECTION FEES, ATTORNEY FEES, AND COURT COSTS.**

I understand that Company may cancel this agreement at any time. This agreement may not be assigned without Company's written consent. I present and warrant that I am duly authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank, their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

I hereby acknowledge that I understand, and agree to, all the provisions of this agreement.

Signature

Date