

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereinafter called COMPANY, hereby authorize AMI Entertainment Network, LLC, to initiate debit entries to my (our) **Checking Account / Savings Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME _____

Checking account Savings Account (select one)

BANK ADDRESS _____

BANK CITY, STATE, ZIP _____

ABA ROUTING # _____

ACCOUNT # _____

This authorization is to remain in full force and effect until AMI Entertainment Network, LLC has received written notification from the COMPANY, of its termination in such time and in such manner as to afford AMI Entertainment Network, LLC and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZED SIGNATORY _____

PRINTED NAME _____

DATE _____

PLEASE ATTACH A COPY OF VOIDED CHECK.

Your Account Cannot be entered until the voided check is received at AMI
(a deposit slip is not acceptable)

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