

SLIPLINK AUTHORIZATION TO DO AUTOMATIC CHECK DRAFTING

NOTE! All bills are due on the 1st day of the month late after 5th and deactivated after the 10th.

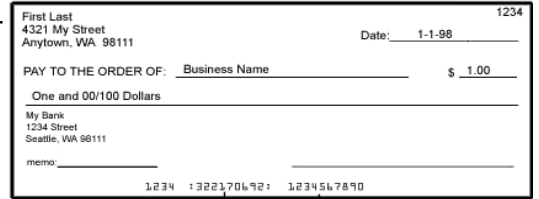
Please print and completely fill out the following form to ensure timely processing. All information is kept confidential; the completed form should be faxed or mailed to Sliplink Network at:

FAX TO: 1-916-488-3311 or Toll Free Fax 1-877-445-3219

Mail To (Allow 5 working days for mail)

Sliplink Network USA
PART OF BERBER CORP / ULTRA TECH
P.O. Box 351, Sacramento, CA 95812-0351

Your Name: _____
Company (if any) _____
Your Address _____
Phone Number: _____
Name On check: _____
Bank Name: _____
Bank Routing Number _____
Your Account # _____



I authorize Sliplink Network, USA, to use automatic check drafting as the method of payment for my services through their company. I realize that no signature is needed on these checks and that if I dispute a charge through my bank that this will constitute a breach of contract and result in immediate deactivation of my account. . I understand cancellation of this authorization should be done via certified mail for my protection and verification of cancellation. I understand that cancellation must be received by Sliplink before the 1st of the month I wish to cancel. I understand **there is NO partial month billing any part of the month is billed in full. FAILURE FOR AUTHORIZATION TO CLEAR MY BANK IS THE SAME AS A RETURN CHECK AND WILL BE TREATED AS SUCH, \$35.00 NSF FEE WILL BE ACCESSED**

Sliplink Network USA Customer. (initial **ONLY one**)

_____ please use Check Drafting for my monthly recurring invoice.

_____ please use Check Drafting in the amount of \$_____ this time only DATE ____/____/____

I have included a blank voided check along with the signed copy of this automatic check authorization form

Please Note: charge backs and declined transactions may be subject to an additional handling fees

Signature _____ Date _____

PRINT NAME HERE _____

Questions regarding check payments can be sent to billing@sliplink.net or call 916-488-3300

INCLUDE VOIDED / OR NOT - CHECK OR CLEAR PHOTO COPY OF CHECK HERE (REQUIRED)
FORM HELP VISIT <http://www.sliplink.net/billing/> click on Check / Bank Draft