



Infobahn Outfitters and Automatic Electronic Debit (ACH)

Automatic electronic debits (also known as ACH payments or electronic funds transfer) offer an easy and secure way for you to make payments. No more remembering to write the check and find a stamp!

When you sign up for ACH payments with Infobahn Outfitters, your Internet bill will automatically be debited from your savings or checking account when your bill is due. You will receive an e-mail receipt showing that your payment is being made by ACH, along with the amount to be debited.

Enrolling in ACH is free. To get started, please complete and return the attached authorization agreement, along with a VOIDED check to Infobahn Outfitters, PO Box 248, 716 E. Jackson St., Macomb, IL, 61455-0248. If you have questions, please call our office at 309-836-3706 or 800-839-3706.

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Instructions for completing Authorization Agreement:

Depository Name, City, State, Zip: name and address of your bank as it appears on your checks

Transit/ABA No.: This is your bank's routing number. You may leave this blank - we will use your voided check to obtain this number.

DDA Acct No.: This is your account number at your bank. You may leave this blank - we will use your voided check to obtain this number.

Account Type: Please indicate whether bank account is checking or savings.

Name(s), Signature(s) and Date(s): Names and signatures of bank account holders. **We require a signature for each name** that appears on your voided check.

Your Account(s): Identify the accounts with Infobahn Outfitters you want paid by ACH. Enter your email address and, if you know it, your account ID.

Attach a voided check: Please return a voided check with your form.

18 Jan 2002

**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

INFOBAHN OUTFITTERS

I (we) hereby authorize INFOBAHN OUTFITTERS, hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ DDA ACCT NO. _____

ACCOUNT TYPE (indicate one): CHECKING [] or SAVINGS []

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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) _____

Please print

Please print

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

ACCOUNT(S) AT INFOBAHN OUTFITTERS TO BE PAID:

YOUR EMAIL ADDRESS(S): _____

YOUR ACCOUNT ID(S): _____ *(leave blank if unknown)*

Please provide one of your VOIDED checks to attach to this document to ensure proper routing of transaction. Thank you.