

Net Lifestyles, Inc.

Check Drafting Form

Authorization for Direct Payment

Customer Information

company

contact

address

city/state/zip

tel / fax

Financial Institution Information

bank

branch

address

city/state/zip

tel / fax

Account Information (please include a voided check)

Checking Account #: _____

Financial Institution Routing #: _____
(between these symbols | : | on the bottom left of check)

***A \$25.00 processing fee will be assessed for all returned bank drafts.**

I authorize Net Lifestyles, Inc. and the above financial institution to initiate entries to my checking account. This authority will remain in effect until I notify Net Lifestyles, Inc. in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act upon it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

Customer Signature

Date