



DIRECT DEBIT AUTHORIZATION FORM

Company Name: _____

Address: _____

City/State/Zip Code: _____

Amount \$ _____

Description: Monthly Fee to be debited on the 14th or 25th

Bank Name: _____

Bank City/State: _____

Account Number: _____

Bank ABA Routing Number: _____

Attach a voided check from checking account that is to be debited.

By signing below, I understand that I am authorizing Xanatek Inc to debit my checking account electronically for the amount stated above. If this amount is returned unpaid, I also understand that I am authorizing Xanatek Inc to re-debit this amount, as well as an additional debit \$35.00, which is the return fee.

This authorization is to remain in full force and effect until Xanatek has received written confirmation from _____ of its termination in such time and in such manner as to afford Xanatek and Depository a reasonable opportunity to act on it.

Signature

Date

Printed Name:

**Please fax this form to and voided check to 574-287-9958
or Email: Brent@xanatek.com**