

Schedule 5(b) - ACH Authorization

This form MUST be accompanied by a Printed Voided Check or Bank Letter

Add Delete Change

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Funds Settlement Information

Bank Name: _____

Account Owner: _____

Account Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Routing # (9 digits): _____

Account #: _____

_____ (hereinafter referred to as Sales Agent) authorizes TopcellularUSA inc. TCUSA), to initiate ACH transfer entries and to credit and/or debit the account identified herein for funds due and owing to TCUSA. This authorization shall remain in effect unless and until TCUSA has received written notification from Sales Agent that this authorization has been terminated in such time and manner to allow TCUSA to act. The undersigned represents and warrants to TCUSA that the person executing this ACH Authorization is an authorized signatory on the account referenced above and all information regarding the account and account owner is true and correct.

Account Owner Signature: _____ Date: _____

Print Name and Title: _____

ATTACH PRE-PRINTED VOIDED CHECK OR BANK LETTER