



13800 Coppermine Road, Suite 133, Herndon Virginia 20171. Phone (703) 726-0520. Fax (703) 738-7537.

One Time ACH Payment Authorization Form

Sign and complete this form to authorize SAK Associates Inc. to make a onetime debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, authorize **SAK Associates Inc.** to charge my bank
(full name)

account indicated below for on or after
(amount) (date)

Billing Address Phone #

City, State, Zip Email:

Account Type Checking Saving

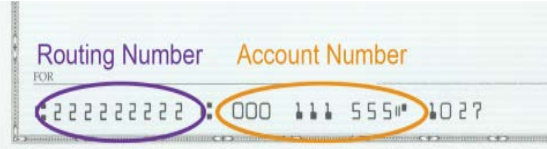
Name on Acct

Bank Name

Account Number

Bank Routing #

Bank City/State



SIGNATURE

DATE

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that SAK Associates Inc. may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$35.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute SAK Associates Inc's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.