



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize JUICER Inc., to initiate credit entries to my Checking Account Savings Account indicated below at the financial institution named below.

Depository (Bank) Name: _____

Branch: _____

City: _____

State: _____

Zip Code: _____

Routing Number: _____

Account Number: _____

By submitting this form electronically, I authorize Juicer Inc., to initiate ACH transactions to my account as indicated above. This authorization will remain in full force and effect until Juicer Inc. has received written notification from me of its termination in such time and manner as to afford Juicer Inc, a reasonable opportunity to act on it.

Name: _____

Date: _____

Signature: _____