

AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I _____, hereby authorize Rapid Detect Inc. , hereinafter called RDI, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Account: ___ **Checking** ___ **Savings**

This authority is to remain in full force and effect for invoice # _____ only. This authorization does NOT grant permission for any other invoices, save the one written above.

(Print Individual Name) (Print Company Name)

(Print Individual/Employee Number)

(Signature) / /
(Date)

Please print & complete this form entirely and neatly as possible, then fax to

918-649-1005

Attn: RDI Payables