



vaultnetworks™

Automatic Check Withdrawal Acceptance Form

Company/Personal Account Name: _____

I, _____, hereby authorize **Vault Networks, Inc.** to automatically withdraw funds from my checking/savings account as payment toward services rendered and/or purchase of equipment. You cannot contest these automatic checking /savings withdrawal charges or you will be liable and agree to pay for all expenses and costs incurred in the defense and collection of the said amounts. All billing and checking/savings withdrawal charges are done in advance. There are **NO** refunds for any of Vault Networks' services unless explicitly stated.

Name of Financial Institution: _____ Type of Account: Savings
 Checking

Address of Financial Institution: _____

City, State, & Zip Code: _____

Account Routing Number: _____

Account Number: _____

*Signature of Authorized Account Holder:

Please print this completed document and have Account Holder sign

Date: _____

*Signature of Authorized Account Holder:

Please print this completed document and have Account Holder sign

Date: _____

*Signatures required of all parties listed on the account.

Account Submission Methods:

Checking: Please submit a voided check along with this completed form.

Savings: Please submit a voided savings deposit slip with this completed form.

Additional Requirement:
A photocopy of a current, valid driver's license must accompany this request.

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