

XCLUTEL ACH PAYMENT AUTHORIZATION FORM

This authorization form will remain in effect until either canceled in writing or an updated form is sent to:

XCLUTEL, LLC.
50 E. Commerce Drive, STE 106
Schaumburg, IL. 60173
Attn: Accounting
Tel: 708.273.3100 Fax: 708.273.3101

Bank Name: _____
Bank Address: _____ _____ _____
Bank Contact Name: _____ Phone: (____) _____
Bank Routing Number (9 digits ABA#): _____ <i>(Use the routing number from a check, NOT from a deposit slip.)</i>
Bank Account Number: _____
Name as it appears on the account: _____
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Group EFT (electronic fund transfer) contact: _____
Phone: (____) _____ Fax: (____) _____
E-mail address: _____
Title: _____
Signature: _____ Date: _____

For Internal Use Only

Date Received: _____

Date Confirmed: _____ Confirmed by: _____