ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize National Technology Management (THE COMPANY) to initiate entries tomy (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Once completed please email to accounting@trustntm.com.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State, & Zip)

_____   _____
(Signature)   (Date)

_____
(Bank Account Name - PLEASE PRINT)

_____
(Bank Account Address - PLEASE PRINT)

Financial Institution Routing Number:_____

Checking/Savings Account Number:_____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑈
Routing Number   **Account Number**