



TAKK Systems Inc.

17 Battery Place, Suite 906, New York, NY 10004

Monthly Monitoring Fees Check Authorization

Authorization Agreement

By submitting the completed form, you authorize TAKK Systems to automatically debit your bank account each month.

Your payments will be debited from your bank account on the date shown on your bill. If the date falls on a Saturday, Sunday, or holiday, the debit may occur on the following business day. You understand and agree that TAKK Systems is not liable for erroneous bill statements or incorrect debits to your account, except that should an error in the bill statement occur, TAKK Systems will be responsible for correcting it if and when TAKK Systems receives notice from you of this error.

Check with your financial institution to determine if any additional charges for such a debit will apply to your account and ask how it will note descriptions of automatic debits on your statement. If the transaction is refused by your financial institution for any reason, including insufficient funds, closed account, or unauthorized account, TAKK Systems will not be able to process your payment. Your TAKK Systems account may be subject to an additional charge if your payment is rejected, reversed or refused by your financial institution.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to notify the TAKK Systems in writing of any changes in my account information or termination of this authorization 15 days prior to the date of the charges. I understand that cancellations must be made in writing and I will not dispute TAKK Systems debiting my checking/savings account, so long as the amount corresponds to the terms indicated in this contract. This agreement will remain in effect until TAKK Systems receives a written notice of cancellation from me or my financial institution.

Your participation in this payment option is subject to TAKK Systems' approval. You understand that TAKK Systems reserves the right, upon written notification, to terminate your participation in this payment option. TAKK Systems may terminate this option at any time, as authorized by applicable law.

Account Information

Account Name: _____

Name as it appears on check: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Authorized Amount Recurring: _____

Signature

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Please Attach a Void Check