

Zarco 66, Inc. AUTHORIZATION FOR AUTOMATIC PAYMENT ON ACCOUNT

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK PHONE _____ BANK CONTACT _____

NAME ON BANK ACCOUNT _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

I authorize Zarco 66 Inc to automatically draft my checking account on or after the due dates outlines in is and conditions of my account until further written notice from me.

AUTHORIZED SIGNATURE _____ DATE _____

We also have available a daily transaction email that you can be set up on to receive information daily on each transaction that has occurred that previous day on your account.

There is a \$3.50/month charge for this service.

_____ **YES**, Sign me up for the daily transaction email

_____ **NO**, I would not like to enroll at this time.