

Credit/Debit Authorization Form

I (we) hereby authorize **Borderline Operating Corp.** (THE COMPANY) to initiate entries to my 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.

To guarantee that we receive the correct bank account information, we ask that you please provide a voided check when returning this form.

PLEASE PRINT – ALL FIELDS ARE REQUIRED AN INCOMPLETE FORM WILL NOT BE PROCESSED

(Name)

(Owner Number)

(Address)

(Phone)

(Name of Financial Institution)

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

(Financial Institution Routing Number: Look between these symbols 1: :1 on the bottom left of your check)

(Account Number)

(Checking or Savings)

(Email Address)

(Signature)

(Date)