



ACH AUTHORIZATION AGREEMENT (ACH Debits)

I (we) hereby authorize Global Lifeworks to initiate debit entries to my (our) Checking Account/
 Savings Account (select one) indicated below at the depository financial institution named
below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we)
acknowledge that the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. law.

PERSONAL INFORMATION

Name(s) _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

PAYMENT INFORMATION

Amount of Payment _____ Date of Monthly Payment _____

BANK INFORMATION

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Global Lifeworks has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Global Lifeworks and DEPOSITORY a reasonable opportunity to act on it.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please mail completed form to:

Global Lifeworks
PO Box 50042
Long Beach, CA 90815