

PROOF OF AUTHORIZATION

I (we) hereby authorize TOP Equipment, hereinafter called TOPE, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to initiate a single or recurring debit entries equal to or less than \$_____. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

City/State/Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until TOPE has received written notification from me at the address indicated on this form (or either of us) of its termination in such time and manner as to afford TOPE and Financial Institution a reasonable opportunity to act on it.

I am a duly authorized check signer on the Financial Institution account identified below, and authorize all of the above as evidenced by my signature below.

Print or Type Individual Name

Signature

Date

Please Attach Copy of Voided Check to This Form!!!