

Bank Draft Authorization Form

Exceed Technologies, Inc.

Customer Information

Exceed Account Number		Email Address		User Name	
Name (First, Last)					
Address					
City		State		ZIP	
Home Phone		Work Phone		Fax	

Financial Institution Information

Name On Account		Debit Amount	\$ / month		
Financial Institution Name		Branch			
City		State	ZIP		
Transit / ABA / Routing Number (1 st set of numbers)		Account Number			

I hereby authorize Exceed Technologies to pay my monthly Internet services account by charging each payment to my bank account and to make that deduction payable to the order of Exceed Technologies. I agree that if a bankdraft payment is returned for insufficient funds I will be charged a \$30 bounced check fee. I agree that each payment shall be the same as if it were personally signed by me. If corrections in the debit amount are necessary, it may involve adjustments (credit or debit) to my account. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution and Exceed Technologies reserves the right to terminate this payment plan or my participation therein if services are cancelled.

Please return this completed authorization and a VOIDED check from the appropriate account to:

Exceed Technologies
P.O. Box 8947
Columbus, MS 39705
662.328.8333

 Authorized Customer Signature

 Date