



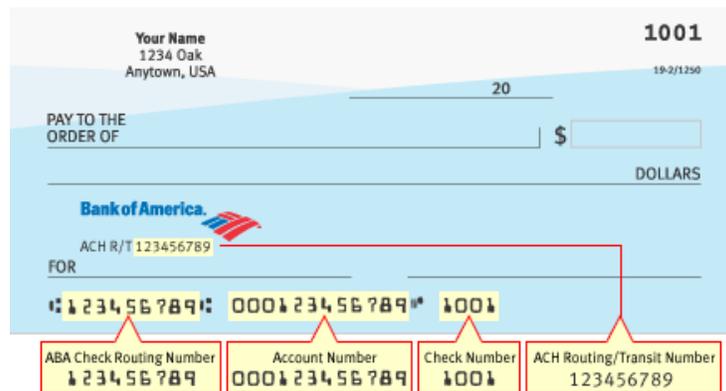
WorldTrips
 4 Carter Green, Suite 400
 Carmel, Indiana 46032
 Tel: 317-221-8075 Web: www.worldtrips.com

**AUTHORIZATION AGREEMENT FORM
 ACH PAYMENTS**

Contracted Party (Company Name/Individual Name):	TIN (EIN if Company/SSN if Individual):
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The Contracted Party hereby authorizes WORLDTRIPS to initiate credit entries to the account indicated below at the depository financial institution named below. It is also acknowledged that the origination of ACH transactions to specified account must comply with the provisions of U.S. law.

Beneficiary Name (on Account):	Beneficiary Account Number:
Fed ABA/Routing Number:	Bank Name:
Bank City:	Bank State and Zip Code:
Payee's Name on Bank Account:	Payee's Address on Bank Account:
Payee's City on Bank Account:	Payee's State and Zip Code on Bank Account:
Checking Account: <input type="checkbox"/> Savings Account: <input type="checkbox"/>	



This authorization is to remain in full force and effect until WORLDTRIPS has received written notification from contracted party of its termination. Termination will be activated within 10 days of receipt.

Printed name of party completing form

Signature of party completing form

Date form completed