



WorldTrips
 251 N. Illinois Street, Suite 600
 Indianapolis, Indiana 46204
 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):

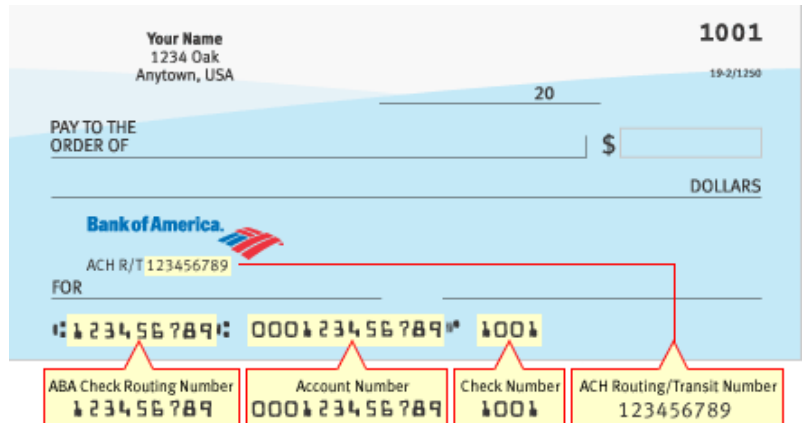
The Contracted Party hereby authorizes WORLDTRIPS, to initiate creditentries to the account indicated below at the depository financial institution named below. It is also acknowledged that the origination of ACH transactions to specified account must comply with the provisions of U.S. law.

Beneficiary Name (on account):

Account Type (Savings or Checking):

Beneficiary Account Number:

Fed ABA/Routing Number:



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: