

Bank Transfer Authorization Form

I authorize Rock Prep LLC to electronically debit my bank account according
Business name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$_____.
mm/dd/yy
- Starting on _____ and on the 1 of each month through 05/31/19
mm/dd/yy day of the month mm/dd/yy
for the amount of \$_____. (Contact if Unsure)
- Starting on _____ for the amount of \$_____ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) _____.

Customer bank account information:

Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name

Rock Prep, LLC of its cancellation by giving written notice in enough time for the
Business name

business and receiving financial institution to have a reasonable opportunity to act on it.

Customer signature Customer printed name Date