



Ultra Electronics

3 Phoenix
14585 Avion Parkway
Suite 200
Chantilly, VA 20151
United States

Tel: +1 703 956 6480
Fax: +1 703 956 6481

www.ultra-3pi.com

**Authorization Agreement For
Automated Clearing House Transactions**

ACH Authorization			
Individual / Company Name:		Individual / Company TIN/SSN:	

I (we) hereby authorize: 3 Phoenix, Inc. hereinafter called COMPANY/INDIVIDUAL, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name (s):

Please Print _____

Signature(s)

Date

PLEASE CHECK ONE:

I am not currently participating in the Automated Payment Program. ADD – Credit the account shown.

I am currently participating in the Automated Payment Program. CHANGE – Change financial institutions and/or account #.