AUTHORIZATION AGREEMENT
ACH PREAUTHORIZED PAYMENTS (DEBITS)

E-mail completed form:	Or mail completed form:	Or fax completed form:
autopay@plurisusa.com	Pluris 44 Shuckin St #203 Hampstead, NC 28443	910-327-0374

ONCE YOUR ACCOUNT IS ENROLLED IN AUTOPAY IT WILL BE INDICATED ON YOUR BILL. UNTIL THEN YOU MUST CONTINUE TO SEND IN PAYMENT EACH MONTH.

I hereby authorize Pluris to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking account indicated on the financial institution named on the *VOIDED CHECK* or *FINANCIAL INSTITUTION ACCOUNT DOCUMENTATION INCLUDED WITH THIS AUTHORIZATION* to credit (or debit) the same to such account.

BANK NAME _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

I understand that this authorization will be in effect until I notify Pluris in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

NAME	**LAST FOUR OF SOCIAL SECURITY NUMBER**
EMAIL ADDRESS	**PLURIS ACCOUNT NUMBER**
SERVICE ADDRESS	**PHONE NUMBER**
SIGNATURE	**DATE**