

# ACH AUTHORIZATION AGREEMENT

**Latino Topup**  
 16414 San Pedro Suite 610, San Antonio, TX 78232  
 FAX: 214-594-6965

|                         |                       |  |                     |     |
|-------------------------|-----------------------|--|---------------------|-----|
| <b>Business Name</b>    |                       |  | Account ID# :       |     |
| <b>Tax ID</b>           | Federal Tax ID Number |  | State Tax ID Number |     |
| <b>Business Address</b> | Street                |  |                     |     |
|                         | City                  |  | State               | ZIP |
| Email Address:          |                       |  | Phone Number:       |     |

This ACH Authorization Agreement ("Agreement") is made between the undersigned "Customer" and Latino Topup ("Latino Topup" or the "Company") and is effective as of the date of acceptance set forth in the signatures below. Customer hereby authorizes the Company to debit the account identified below via ACH transfer payments for products and services purchased, every Monday morning for the previous week's transactions. The Company will provide its web portal service to the Customer and the Customer will have access to pending invoices on the Portal. Customer represents and warrants that the bank account information provided is accurate and complete. Failure to maintain an active bank account for such automatic withdrawals will constitute a material breach of this Agreement and the underlying service agreement between Customer and the Company. If such event occurs, the Company may at its discretion interrupt service to Customer until Customer arranges substitute payment terms satisfactory to the Company.

This Agreement does not replace or supersede any underlying service agreement between Customer and Company. By the signature of its authorized representative below, Customer hereby certifies that the representative signing is authorized to execute this Agreement on behalf of Customer. The person executing this Agreement on behalf of Customer does hereby personally represent and warrant by his or her signature that the execution and delivery of this Agreement has been duly authorized by all necessary action and that all information provided below is true and correct. Customer agrees that if there are bank charges incurred due to insufficient funds or due to account closure, Customer will be assessed an amount equal to such charges. Facsimile and electronic versions of executed copies of this ACH Agreement shall be binding and enforceable and have the same force and effect as if they were original signatures. Customer may change any portion of the information provided below by giving at least thirty (30) days written notice to Company at the address below. Customer understands that Company may suspend this Agreement at any time.

### SIGNATURES

**CUSTOMER**

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 SSN

\_\_\_\_\_  
 Date

**BANKING INFORMATION**

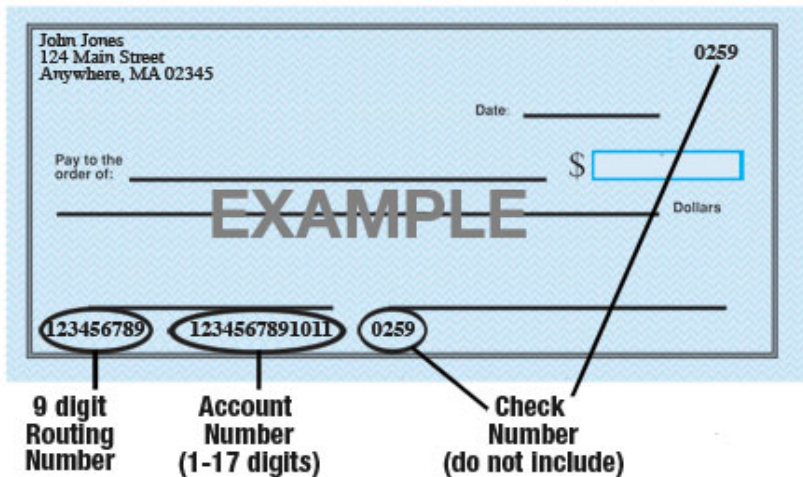
\_\_\_\_\_  
 Bank Name

\_\_\_\_\_  
 Bank Contact                      Phone

\_\_\_\_\_  
 9 Digit Routing Number

\_\_\_\_\_  
 Account Number

Please print a copy of this form. Fill in the requested information. Enclose a check from the bank account above. Fax both items to LATINO TOPUP at the number above. We cannot initiate ACH without both this form and a check.



Insert a copy of your VOID check over this space including the EXAMPLE.

\* This transaction will show as 'LATINO TOPUP' on your bank statement.