



Electronic Check / ACH Authorization Form

I authorize Profoam Corporation, and/or its Supplier, to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms

Starting on [redacted] (today's date) and subsequently debited at any time for the amount owed to merchant as detailed in Invoice ##'s or Sales Order ##'s.

Bank Information

Name of Bank: [redacted]

Name on Bank Acct: [redacted]

Bank Routing Number: [redacted]

Bank Account Number: [redacted]

Bank Account Type : [redacted]

(personal or business checking or savings account)

This payment authorization is to remain in full force and effect until I, [redacted], notify Profoam Corporation, of its cancellation by sending written notice in such time and in such manner to allow Profoam Corporation and the receiving financial institution a reasonable opportunity to act on it.

[redacted] Customer Signature

[redacted] Customer Printed Name

[redacted] Date Signed

[redacted] Customer Phone Number