



ACH Credit Authorization

I hereby authorize DM Contact Management Ltd., hereinafter called COMPANY, to initiate credit entries to my Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name:

Branch:

City:

State:

Routing Number:

Zip:

Account type:

Account Number:

Account Name:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name:

Affiliate ID:

Date:

Signature:

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.