



esaccounting@pdisoftware.com
250 W Main Street, Suite 3100
Lexington, Ky 40507
(859)389-8700

ACCOUNT # / ACCOUNT NAME _____
CUSTOMER NAME _____

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (ACH DEBITS)

I (we) hereby authorize EchoSat Inc., hereinafter called COMPANY, to initiate debit entries, and to initiate credit entries or adjustments for any debit entries made in error, to my (our) checking account indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law. I (we) agree that all debit and credit entries to my (our) account will be governed by the Operating Rules of the National Automated Clearing House Association as in effect from time to time.

Bank Account Information:

DEPOSITORYNAME _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

CHECKING ACCOUNT*

SAVINGS ACCOUNT*

**Attach a voided check or deposit slip drawn on the above account for verification of bank routing number and account number.*

NAME(S) ON ACCOUNT _____

EMAIL ADDRESS* _____

**Email address is required to receive an electronic remittance advice at the time the entry is sent to your bank.*

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 DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

AUTHORIZATION AGREEMENT FOR RECURRING CREDIT CARD PAYMENTS

I (we) hereby authorize EchoSat Inc., hereinafter called COMPANY, to charge my (our) credit card for contracted services and/or equipment. I understand that my (our) information will be saved to file for future transactions on my account. **Please do not list credit card information on this form.**

To securely provide your credit card information please call 859-685-4010 or log on to your customer portal at <http://portal.spgnow.com/login.php> and follow these instructions:

Select **My Account**; then select **View My Account**; when site opens select the **down arrow** on the account tab; go to **Accounting**; select **Billing**; complete all information on this screen. Ensure you check the boxes for **"Set this payment to future auto payments"** and **"I agree to the Payment Terms"**.

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 CARD COMPANY a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

Return the completed form to esaccounting@pdisoftware.com or fax to 859-389-8912.