



STATELINE SPORTS GROUP PAYMENT AGREEMENT ACH AUTHORIZATION

AUTOMATIC PAYMENT PLAN. You, the print event advertiser, authorize and request STATELINE SPORTS GROUP to debit or otherwise withdraw (via ACH system, electronic checks, wires, or otherwise) the Scheduled Business Day payment amounts from the below designated account on each Scheduled Business Day until we have received the entire payment amount under the agreement. You agree that, except to the extent prohibited by applicable law, you will not revoke this authorization and instruction without our prior written consent. In addition you will not close the designated without prior written notice to us, and any such notice, and such notice will include authorization to debit or otherwise (via the ACH system, electronic checks, wires, or otherwise) the Business Day payment amounts from the new bank account you have opened. You understand and agree that the agreement allows us to access any Designated Accounts.

In Addition, you agree to pay us a fee of \$30 if such payment ACH debit is returned, rejected, or dishonored by your financial institution. Upon notice of the ACH return, rejection, or dishonored payment Your Program Partner will immediately resume payment ACH schedule as per the terms of the agreement.

PAYMENT SCHEDULE

AMOUNT DUE: _____

DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____

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DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____
DATE: _____ AMOUNT DUE: _____

CLIENT INFORMATION

NAME: _____ REFERENCE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED BY: _____ EMAIL: _____ DATE: _____

FINANCIAL INFORMATION

BANK ACH

CREDIT CARD ACH

BANK/CREDIT CARD NAME: _____

BANK ACCOUNT NUMBER: _____

CREDIT CARD NUMBER: _____

BANK ROUTING NUMBER: _____

CREDIT CARD EXP. DATE _____

CVC: _____