

BANK INFORMATION	
Bank Name	
Account Number	Routing Number

I authorize XR Extreme Reach, and its agents, including financial institutions, to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit or credit entries in error to the cash accounts listed above. I further authorize XR Extreme Reach to generate, and the financial institution listed above to accept, a manual debit in the event an electronic funds transfer is not effectuated. This authorization will remain in effect until I have informed in writing that I wish to cancel and XR Extreme Reach has had reasonable time to affect such cancellation.

I further agree to limit my right of rescission to three business days and I agree to notify XR Extreme Reach at least 24 hours prior to exercising such right.

BASIC INFORMATION	
Company Name	Project Name
Date	ACH Debit Notification Recipient(s) Email(s)
Authorized Representative (Print)	Authorized Representative (Signature)