



Corporate Address:
30 Amberwood Parkway
Ashland, OH 44805
Phone: 800-537-6727

Mailing Address:
P.O. Box 388
Ashland, OH 44805
Fax: 419-281-0200

ACH DEBIT ONE-TIME USE AUTHORIZATION FORM

This form is used to authorize BookMasters Inc to debit your bank account ONLY ONCE and ONLY for the AMOUNT stated below. For Bank Accounts in United States only.

Account Name _____

Address _____

City/State/Zip _____

Customer Information

Account Information

Customer Name on Bank Account _____

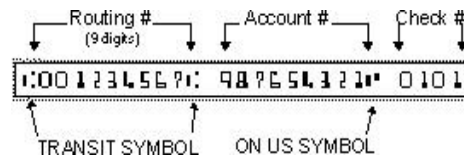
Bank Name _____

Address on Check _____

Bank City and State _____

2nd Address Line _____

____ Checking
____ Savings (Indicate Account Type)



City State Zip

Telephone Number _____

Bank Routing or Transit Number (9 digits) _____

e-Mail Address _____

Bank Account Number _____

Form MUST be faxed back to 1-419-281-0200.

By sending this ACH Debit authorization form, you authorize BookMasters Inc to debit your bank account in the amount of _____. You understand that this is a one-time authorization. You are *not* authorizing BookMasters to set up your account for recurring ACH debits.

You acknowledge that you are the owner or authorized signer on the account information entered in this form.

Signature of authorized Bank Account Holder _____

Date _____