



BANK AUTHORIZATION FORM

Please Attach Voided Check Here

Name of Depositor as shown on bank records: _____

Bank name: _____

Routing number: _____ Account number: _____

Starting Check #: _____ Account type (checking or savings): _____

AUTHORIZATION TO HONOR ITEMS DRAWN BY:

Please check the box(s) next to the service(s) that you wish to have debited from this account:

- Billing** **Direct Deposits** **Paychecks** **Taxes** **Third Party Checks**

I hereby request and authorize you to pay and charge to my account debits originated by and payable to the order of Proliant Inc., provided there are sufficient collected funds in said accounts to pay the same. This authorization includes debits (herein "items") originated by check or electronic fund transfer. I agree that your rights in respect to each said item shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such item.

The bank shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of such payment or charge to my account.

I further agree that if any such item is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such occurrences result in termination of our agreement.

Authorized Signature **Authorized Signature** **Date**

***Please include a voided check or spec sheet from the bank ***