



EZ Pay (Bank Draft) Agreement & Authorization

Complete, sign and FAX to 512.371.0567 OR mail to:

Four Hands
Attn: Accounts Receivable
2090 Woodward Street
Austin, TX 78744

STEP I - General Account Info

Date of Agreement_____

Company Name_____

Four Hands Customer #_____

Name of Authorized Person _____

Title of Authorized Person _____

Accounts Payable Contact _____

Accounts Payable Phone_____

Accounts Payable Fax _____

Accounts Payable Email _____

STEP II - Agreement

Automatic Bank Draft Payment Agreement

I _____, expressly authorize this automatic bank draft from the account listed below by Four Hands. I understand that my account will be debited on the due date of each invoice outstanding on my account in accordance with the terms on each invoice. I understand that all charges and terms will be reflected on the invoice I receive by mail, in addition to my monthly statement issued for this account. I agree that all charges are considered valid unless disputed in accordance with Four Hands Damage Claim policy, available on their website at www.fourhands.com. I understand and agree that Four Hands shall not be responsible for any charges or expenses that I may incur resulting from overdrawing my bank account as a result of an automatic debit generated by Four Hands pursuant to this authority. There is no fee for this service; however, if my automatic payment is declined, I understand that a 2.5% late fee will be incurred, my account with Four Hands will be placed on credit hold, and no damage claims will be processed until the balance due is paid in full. If I am participating in the Kiosk program, my access to the Kiosk will be also be suspended until the balance due is paid in full. If I would like to revoke this agreement, I must inform Four Hands in writing prior to placing an order. Once an order has shipped under this agreement, the payment will be processed on the due date, unless an alternative payment method is used to pay the balance due prior to the due date on the invoice.

Authorized Signature_____

• **STEP III – Bank Account Information**

Name: _____
 (as it appears on the signature card on file with your bank)

Address: (must be the mailing address for your bank statement)

Street: _____

City: _____

State: _____ Zip: _____

Phone Number (10 digits): _____ - _____ - _____

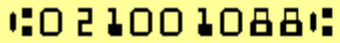
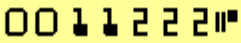





Financial Institution Name: _____

Branch / City / State: _____

Routing #: _____

Checking Account #: _____

*******PLEASE ATTACH VOIDED CHECK*******

Jane Doe		0636 ←	Check Number
1800 Columbia Road		Date _____	
Washington DC 20009			
Pay to _____	\$	<input type="text"/>	
_____		Dollars	
Memo _____			
		0636 ←	MICR Line
 ABA Routing Number 	Checking Account Number 	Check Number	
 This character appears before and after the 9-digit ABA Routing number in the MICR line.			
 This character appears after the checking account number.			
The check number appears both in the MICR line and in the upper right-hand portion of your check.			

Authorized Signature (must be a signer on the account) _____

FOUR HANDS USE ONLY:

Date Received and Filed _____

Filed By _____