



Electronic Checking Account
Debit Agreement

I would like to activate my account for the payment terms of "Electronic Checking Account Debit" with Contemporary Information Corp. hereby referred to as CIC. By signing this agreement I understand and agree to the following terms and conditions:

1. I authorize CIC to debit my checking account ten (10) calendar days after the invoice date, as disclosed below, from the issuing financial institution to pay all amounts due to CIC. The invoice will be mailed to you for your records.
2. I understand that returned debits due to insufficient funds or a stop payment will be subject to a \$25.00 fee.
3. I understand that in the event that my checking account has been changed, I am responsible to notify CIC as soon as possible. I understand that the notification of such instances is the responsibility of my party/entity.

Questions? Please call 800-288-4757 Option 3.

FAX COMPLETED FORM TO: 661-949-8140

CIC Account # or Customer ID: _____

Customer Name: _____

Name of Authorized Signer on Account: _____
(First & Last)

Title: _____

Authorization Signature: _____

Day Phone: (_____) _____ Date: _____

Place Voided Check Copy Here