



## **ONE-TIME E-CHECK PROCESSING AGREEMENT**

*I authorize CKS Wireless to initiate either an electronic debit or to create and process a demand draft against my bank account on or after      /      /      for the amount of \$                    . I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:*

### ***Your Bank Information***

*(Please fill out the following with the bank information you wish to use for your one-time eCheck payment)*

***Bank ABA (Routing) Number:***

***Bank Account Number:***

***Bank Account Type: (Circle One)    Checking    /    Savings    /    Business Checking***

***Customer Signature:***

***Customer Printed Name:***

***Date Signed:***

Please return this completed form to CKS Wireless by one of the following methods:

**Mail:**

PO Box 2125  
Jacksonville, TX 75766

**Email:** [monica@ckswireless.com](mailto:monica@ckswireless.com)

**Fax:** 903-541-0889

**Office Drop-off (Office hours are M – F, 8am to 5pm):**

101 Nance Street  
Jacksonville, TX 75766