



RECURRING 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 according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

*Starting on M /D /Y and on the (circle what day of the month) 4th 5th 6th 7th 8th 9th
10th 11th 12th 13th 14th of each month following, until canceled by me (Customer) for the amount of
my monthly service.*

Your Bank Information

Bank ABA (Routing) Number:

Bank Account Number:

Bank Account Type: (Circle one) Checking / Savings / Business Checking

*This payment authorization is to remain in full force and effect until I, (Customer)
_____, notify CKS Wireless of its cancellation by sending written notice in such
time and in such manner to allow both CKS Wireless and receiving financial institution a reasonable
opportunity to act on it.*

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

Fax: 903-541-0889

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

101 Nance Street
Jacksonville, TX 75766