



ELECTRONIC CHECK AUTHORIZATION AGREEMENT

I, _____, authorize SolidSpace to charge the Service Fee of \$_____ for the selected billing cycle for the duration of service. (Please select only one):

Monthly Annually One-Time Fee
Quarterly Semi-Annually

I also authorize SolidSpace to charge the account listed below in the occurrence of monthly overages.

Signature: _____

Company: _____

Account Holder's Name: _____

Account Holder's Address: _____

Bank Name: _____

Account Type: (Please select only one) **Business** **Personal**

Routing Number: _____

Account Number: _____

Driver's License State & Number: _____

Telephone: (_____) _____

Date: ____/____/____

Fax this completed form to the SolidSpace Accounting Dept.
Fax: **(336) 217-8683**