



CITILUBE, INC.

**PO BOX 273, ATLANTIC BEACH, NY 11509
PHONE: 800-222-0809 / FAX: 800-585-9474**

**EFT / ACH PRE-AUTHORIZED PAYMENT SYSTEM
AUTHORIZATION AGREEMENT & DEBIT AUTHORIZATION FORM**

I (We), hereinafter called CUSTOMER, hereby authorize **CITILUBE, INC.** to originate electronic debit entries to CUSTOMER's checking/savings account, indicated below and authorize the financial institution listed below, hereafter called BANK, to accept and to debit the amount of such entries to CUSTOMER's account, and, if necessary, to initiate any adjustments for any transactions credited/debited in error.

This authority will remain in effect until **CITILUBE, INC.** at the address shown above, has been received from me (us) CUSTOMER, full payments for all purchases of **CITILUBE, INC.** products and services.

Customer:	Date:	
Address:		
City:	State:	Zip:
PH: ()	FX: ()	
CEL: ()	EM:	

Bank:	PH:	
Address:	FX:	
Contact:	Title:	
Name on Bank Account:		
Account#:	Checking	Savings
Financial Institution Routing Number:		
Authorized CUSTOMER Signature:		

***** ATTACH VOIDED CHECK HERE *****



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EFT / ACH PRE-AUTHORIZED PAYMENT SYSTEM

CITILUBE, INC. pre-authorized payment system enables invoices to be paid automatically. The payment is made by electronic funds transfer (EFT) from the marketer's bank account to **CITILUBE, INC.** 's via ACH.

Notification of payments due are transmitted to the customer via fax or e-mail. A payment notice will be faxed prior to the draft date, normally two working days before due date, providing an exact accounting of the draft amount.

Customers may call **CITILUBE, INC.**.. to resolve any questions concerning their account.