

ASE GROUP

Your business has needs. ASE has solutions.

CLIENT AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Payment via ACH is the transfer of funds from a Client account for the purpose of making a payment.

I (we) authorize ASE Group, LLC ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Credit Card

Visa

MasterCard

AmEx

Discover

Cardholder Name _____

Card/Acct Number _____

Expiration Date _____

CVV Code _____

Billing Address: _____

City, State, Zip: _____

Amount: _____ \$

Frequency: Monthly (1st of each month)

Description of services: _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I change payment methods or the agreement is terminated. I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that ASE Group may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$39 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute ASE Group's billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

Completed form can be faxed to 866-548-7420

ASE Group • 111 Northfield Avenue, Suite 208A; West Orange, NJ 07052 • 973-731-6000