

**Background Resources, Inc.**

29 W. 140 Butterfield  
Suite # 105  
Warrenville, IL 60555  
Phone: 888-800-9044  
Fax: 888-621-9044



*Certified Female Business Enterprise*

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS  
(ACH DEBITS)**

**COMPANY NAME** \_\_\_\_\_

I (We) hereby authorize Background Resources, Inc., hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

**DEPOSITORY  
NAME** \_\_\_\_\_

**BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. If I change banks or bank accounts, I am fully responsible for immediately notifying COMPANY of the change.

**NAME** \_\_\_\_\_ **Credit Link ID INT-** \_\_\_\_\_  
PLEASE PRINT

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**DATED** \_\_\_\_\_

☆☆☆☆☆☆☆☆☆☆ **REQUIRED** ☆☆☆☆☆☆☆☆☆☆

1. PLEASE FAX WITH THIS FORM A **VOIDED CHECK** REFERENCING ABOVE ACCOUNT NUMBER. Return Fax To 630-657-1076 *And*
2. PLEASE **SEND ORIGINAL** SIGNED FORM TO OUR OFFICE WITHIN 5 BUSINESS DAYS.

*Mail Original to:*  
**Background Resources, Inc.  
29 W 140 Butterfield Road Suite #105  
Warrenville, IL 60555  
Attn: Accounting Department**