

ACH AUTHORIZATION FORM



I (we) hereby authorize READY THEATRE SYSTEMS, LLC to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until READY THEATRE SYSTEMS, LLC is notified by me (us) in writing to cancel it in such time as to afford READY THEATRE SYSTEMS, LLC and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution – Branch, City, State, & Zip

Signature

Date

Name of Authorized Party – Please Print or Type

Address – Please Print or Type