



Financial Institution: _____
Account Holder Name: _____
Address: _____

ACH Routing #: _____
ACH Account #: _____
Account Type: Checking
 Saving

Please list purpose from box above: _____

I hereby authorize Axiom Product Administration Inc. to initiate direct debit and/or credit to the above account(s) as indicated for the above purposes. For any direct deposits into my account, Axiom may debit that same account for purposes of errors. This authorization is to remain in effect until written notification is received.

Authorized Representative Printed: _____ Job Title: _____

Authorized Representative Signature: _____ Date: _____

Axiom Controller Signature: _____ Date: _____

