



ACH Authorization Form

I (we) hereby authorize Professional Salon Concepts to initiate entries to my (our) checking/savings account 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 Professional Salon Concepts is notified by me (us) in writing to cancel it in such time as to afford Professional Salon Concepts and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name – PLEASE PRINT

Address – PLEASE PRINT (City, State & Zip)

Authorized Signature

Name of Financial Institution - PLEASE PRINT

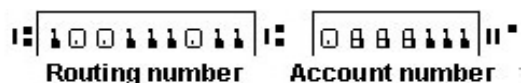
Address of Financial Institution – PLEASE PRINT (Branch, City, State & Zip)

Checking or Savings (PLEASE CIRCLE)

Routing Number

Account Number

These numbers are located on the bottom of your check as follows:



PLEASE INCLUDE A VOIDED CHECK