



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 of Financial Institution

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

Signature

Date

Name - PLEASE PRINT




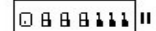

Address - PLEASE PRINT

Financial Institution Routing Number

Account Number

This is a - Business Account Personal
(Please circle one)

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

    
Routing number Account number

PLEASE ATTACH A VOIDED CHECK