Lift Off Distribution, LLC

Agreement for Pre-Authorized Debit

_____ **("The Payor") hereby authorizes and requests Lift Off Distribution to debit amounts owing, by initiating a debit entry to its account at the bank indicated below.**

Bank Information

Bank Name: _____

Bank Address: _____

Bank City/ State: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Bank Account Type: Checking Savings

PLEASE SUPPLY A COPY OF A VOIDED CHECK

It is understood that The Payor may request termination of this pre-authorized debit at any time by written notification to Lift Off Distribution, LLC.

The Payor Name: _____

Signature: _____ Print: _____

Title: _____

Date: _____

Lift Off Distribution will debit the account on the 22nd each month for the prior month total of customer invoices.

PLEASE FAX COMPLETED AGREEMENT TO (301) 490-4715