

AUTHORIZATION AGREEMENT FOR DIRECT DRAFT PAYMENT (ACH DEBITS)

I/We hereby authorize Curamericas Global to initiate debit to my/our bank account and financial institution indicated below on a monthly basis for the amount entered below.

Financial Institution _____ Branch _____
City _____ State _____ Zip Code _____
Account Number _____ Routing Number _____
Amount to be Debited per Month _____
Comments _____

This authorization is to remain in full force and effect until Curamericas Global has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Curamericas and my/our Financial Institution a reasonable opportunity to act on it.

Name _____ *and/or* Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____

Signature *and/or* Signature

Date Date

You should anticipate the first draft approximately 30-45 days after we have received your authorization. Drafts will occur on or about the 15th day of each month, unless another day is specified by you.

Please send to:

Curamericas Global
318 W. Millbrook Rd. Ste. 105
Raleigh, NC 27609

(919) 510-8787
info@curamericas.org
www.curamericas.org