



"Turning Autism Into AWE-tism!"

Autism Solution Center, Inc.

www.autismsolutioncenter.org

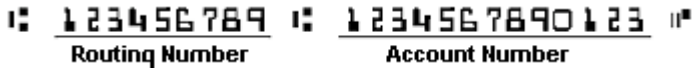
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Autism Solution Center, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____
Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____
Amount To Be Deducted Once Monthly: \$10 ____ \$25 ____ \$50 ____ \$100 ____ Other \$ _____
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.
Name (Please Print) _____
Signature _____ Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

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



AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

I (we) hereby authorize Autism Solution Center, Inc., hereinafter called COMPANY, to initiate charges to my (our) Visa Account Mastercard Account American Express Account (select one) indicated below, and to charge amount listed below to such account.

Cardholder Name _____
Billing Address _____
City _____ State _____ Zip _____ Phone Number _____
Visa ____ MC ____ AmEx ____ Account Number _____ Exp. Date _____ Amount \$ _____
One Time Gift _____ or Recurring Monthly Gift _____ (Recurring gifts are charged once monthly, and by the 15th of each month.)
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.
Name (Please Print) _____
Cardholder Signature _____ Date _____