

## **ITNet® DEBIT ACCOUNT**

## **CHANGE FORM**

## Submit this form to Incredible Technologies if your bank account information has changed. Billing information is required for automatic debit payments.

Authorization Agreement for Pre-authorized Payments For participation in ITNet ${ m I\!R}$		
I (we) authorize Incredible Technologies, Inc., hereafter called COMPANY, to initiate debit entries to my (our) bank account indicated below. I (we) authorize the financial institution named below, hereafter called INSTITUTION, to credit the amount of such entries to my (our) account to correct any errors, and the Institution to deposit any such corrections to my (our) account. I have attached an unsigned and voided check for the account I wish to be debited from time to time and in unsigned and voided check for the account I wish to be debited from time to time and in unsigned and voided check for the account I wish to be debited from time to time and in unsigned and voided check for the account I wish to be debited from time to time and in unsigned accounts.		
varying amounts. Please Print Clearly and Legibly to Insure Accuracy.		
Company Name	Operator ID #	
Address		
City, State, Zip		
Company Contact		
Phone ( Fax ()	Email	
New Bank Name	Bank Phone Number ()	
Bank Account Number		
Bank Routing Number (a 9 digit number beginning with 0,1,2 or 3)		
Checking Account or Savings Account	Effective Date:	

To assist in verifying data, please attach an unsigned voided blank check from your new account.

The authority is to remain in full force and effect until I (we) revoke the agreement in writing as hereafter provided. Any revocation is effective only after COMPANY has received written notice from me (us) to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I (we) have the right to stop payment of a debit entry by notification to the Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account. A copy of this authorization will be provided at your request.

Authorized Signature	Date
Signature MUST accompany this form.	



Fill out this form completely and mail or fax to the ITNet Registration Fax (847) 454-9155 Attn. Amanda Winsauer or Chris Morrison Incredible Technologies, Inc. 200 Corporate Woods Parkway - Vernon Hills, IL 60061 (847) 870-7027 Phone

Allow up to 10 Business Days for Processing.