## **Background Resources, Inc.**

29W120 Butterfield Suite # 103B Warrenville, IL 60555

Phone: 630-873-2270 Fax: 630-657-1801



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS $(\underline{ACH\ DEBITS})$

COMPANY NA	ME
to initiate debit e debit entries in er	authorize Background Resources, Inc., hereinafter called COMPANY, ntries and to initiate, if necessary, credit entries and adjustments for any ror to my (our) Checking or Savings account (select one) indicated sitory named below, hereinafter called DEPOSITORY, to debit and/or o such account.
DEPOSITORY NAME	
BRANCH	
CITY	STATEZIP
ACCOUNT NU. This authorizatio written notification manner as to afformation of the second sec	MBER  n is to remain in full force and effect until COMPANY has received on from me (or either of us) of its termination in such time and in such ard COMPANY and DEPOSITORY a reasonable opportunity to act on anks or bank accounts, I am fully responsible for immediately notifying the change.
NAME	PLEASE PRINT Credit Link ID INT
SIGNATURE _	TITLE
DATED _	
\$ 5	វជ្ជជ្ជជ្ជជ្ជជ្

1. PLEASE FAX WITH THIS FORM A <u>VOIDED CHECK</u> REFERENCING ABOVE ACCOUNT NUMBER. Return Fax To 630-657-1801 And

2. PLEASE SEND ORIGINAL SIGNED FORM TO OUR OFFICE WITHIN 5 BUSINESS DAYS.

Mail Original to:

Background Resources, Inc. 29W120 Butterfield Rd. Suite 103B Warrenville, IL 60555 Attn: Accounting Department