



Nutrex Research, Inc.

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Authorization Agreement for Direct Payments (**ACH Credits**)

Athlete/Affiliate Name: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit 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.

Start Date: _____

Account Type: ☐Checking ☐Savings

Payment Frequency: ☐Recurring ☐Single

Depository Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Set Amount: _____ or Maximum Amount: _____

Signature _____

Date _____

I (we) understand that this authorization is to remain in full force and effect until I (we) notify COMPANY, in writing, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires least [____ days] prior notice in order to cancel this authorization.

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.