

ELECTRONIC FUND TRANSFER AUTHORIZATION (EFT)

I hereby authorize The SoCo Group, Inc. to make variable withdrawals or deposits from or into my checking account which is at the following financial institution and authorize the financial institution to charge such withdrawals or deposits to my listed account. Adjusting entries to correct errors are also authorized.

Financial Institution Information:

Name of Bank: _____

Address: _____

City, State, Zip _____

Phone: (____) _____

ABA Routing Number (9 digits) _____

Customer Account Information:

Bank Account Number: _____

Account Name as shown at Bank: _____

Customer Address: _____

SoCo Customer Account Number (5 digits) _____

It is agreed that these withdrawals, deposits and adjustments will be made by the Electronic Fund Transfer (EFT) System electronically under the rules and regulations of The SoCo Group, Inc. and the National and Local Automated Clearing House (ACH) Associations. I understand that this authorization will remain in effect until thirty (30) days advance notice of termination or change of account is give to The SoCo Group, Inc.

I have attached a voided check or a completed bank specification sheet to this form for the account shown above.

Printed name and title of authorized agent for company

Date: _____

Signature of authorized agent for company

Please mail or fax back to The SoCo Group, Inc. Credit Department at (760) 929-8028.
Thank you.



"Superior Service is Our Ultimate Product"