ACH Debit Authorization

I (we) hereby authorize to **Unisoft Communications Inc**. , herein called COMPANY to initiate debit entries and to initiate, if necessary, credit entries and adjustments to my (our) account indicated below and to the financial institution named below, to debit and/or credit the same to such amount.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Company Name : _____

Company Tax Id : _____

Financial Institution : _____

Branch : _____

City: _____   State : _____

Transit/ABA No : _____   Account No. _____

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Authorized person(s):

Name **:** _____   _____
            (print)   (sign)

Name **:** _____   _____
            (print)   (sign)

Date : _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM