

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

SIGN UP FOR AN ELECTRONIC FUNDS TRANSFER (EFT) AND GET YOUR MONEY SOONER THAN BY CHECK

SELECT ONE OPTION

I agree to have my/company credit balance direct deposited on the 25th (or next business day) of each month at no cost.
(This will take effect the following month.)

I agree to have my/company credit balance direct deposited on the 10th (or next business day) of each month at a cost of \$3.75 per \$1,000.
(This will take effect the following month.)

I agree to have my/company's outstanding debit balance transmitted to FTD each month at no cost on the due date reflected on the monthly billing statement.
(Not required for credit balance EFT.)

I agree to have my/company credit balance sent via check on the 25th of each month at a cost of \$100.00 each month.

MEMBER INFORMATION

MEMBER NUMBER _____

SHOP NAME _____

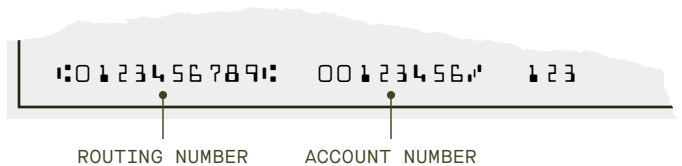
LEGAL COMPANY NAME _____

ACCOUNT INFORMATION

Checking Savings

ROUTING NUMBER _____

ACCOUNT NUMBER _____



TERMS & CONDITIONS

I, on my own behalf and on behalf of the Company listed above (if applicable), hereby authorize FTD, LLC to initiate automated clearing house (ACH) debit and credit entries, as indicated above, to the bank account identified on the attached account check. I represent and warrant that I have appropriate authority to provide this payment authorization on the account.

This authority is to remain in full force and effect until FTD, LLC receives written notification from me or the Company at the address indicated below of termination in such time and in such manner as to afford FTD and the account holding financial institution a reasonable opportunity to act upon such written notification.

Customer must be in good standing with FTD.

Authorized Signature _____ FTD Associate _____ Date _____

(Proprietor, if Proprietorship; Partner, if Partnership; Officer, if Corporation)

SIGN UP TODAY AND SEND YOUR COMPLETED FORM TO APPLICATIONS@FTDI.COM

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