

ELECTRIC FUNDS TRANSFER AUTHORIZATION

KickBack Points, L.L.C. dba KickBack Rewards Systems
308 Shoshone St. E., Suite 7
Twin Falls, ID 83301
866-703-5680

Retailer Name: _____

I (we) hereby authorize KickBack Points, L.L.C. dba KickBack Rewards Systems, hereinafter called KRS, to initiate debit and/or credit entries to the (please check one)
_____ Checking account or _____ Savings account maintained at the bank shown below.

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Account No. _____ Date: _____

The person signing this Authorization warrants and represents that he/she has the full right, power, and authority to execute this authorization on behalf of the Retailer.

This authority is to remain in full force and effect until KRS and our bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford KRS and the bank a reasonable time to act on it.

Name Signature Title

Name Signature Title

PLEASE ATTACH A VOIDED CHECK BELOW

For faster processing you can fax your contract and EFT agreement to KRS at 208-735-2195
But please also mail the original agreements to:
KickBack Rewards Systems, Attn: Reneé Andrew-Lewis, 308 Shoshone St. E., Suite 7, Twin Falls, ID 83301