



Armored Knight Technology E-Sign Check Draft Authorization Form

I _____ authorize Armored Knight Technology to initiate funds from the checking account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check One Box (required)

<input type="checkbox"/>	This authorization is valid for [yearly] transactions, the transaction amount will be \$325.00
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I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Armored Knight Technology. and,

_____.

I understand that all returned checks are subject to a \$25.00 NSF Fee. This agreement will remain in effect until Armored Knight Technology receives written notice of cancellation via mail, fax or email.

Authorized Accountholder Signature (required)

Date (required)

Voided Check is required with additional paperwork.