Corporate Address:

Communiqué Kaleidoscope, Inc. 7349 N. Via Paseo del Sur, Suite 515-77 Scottsdale, AZ 85258

Billing Address:

Communiqué Kaleidoscope, Inc. Payment Processing 7349 N. Via Paseo del Sur, Suite 515-77 Scottsdale, AZ 85258

ACH Debit One-time Use Authorization Form

Please use this form to authorize Communiqué Kaleidoscope, Inc. to debit your bank account only once and only for the amount currently due.

Account Domain Name:	Account Number:
Other Domain Names:	Specify Services for Domain Names: Web Hosting Account
	Registration/Transfer/Renewal
-	Registration/Transfer/Renewar
Acc	ount Information
For bank acco	unts in the United States only.
	·
Customer Information	Checking Account Information
Customer Name on bank account	Bank Name
Address on check	Bank City and State
Address Line 2	Bank Phone Number
	Enter the information that appears on your check
City State Zip	in the spaces below the example (U.S. checks only!) Houting #
Telephone Number	(:001234567): 987654321° 0101
	AN CONTRACTOR OF THE CONTRACTO
E-mail Address	TRANSIT SYMBOL ON US SYMBOL
This form must be FAXED back to +1 480-99	98-1943 Bank Routing or "Transit" Number
Or you can mail it to our Billing Address at t	Built tto utilig of Trumpit Trumpit
right of this form. For questions, please contact our Billing Department at +1 480-998-1843 or by email: billing@commkal.com	
	Account Type (Checking or Savings)
•	uthorization
By sending in this ACH debit authorization form	, you authorize Communiqué Kaleidoscope, Inc. to debit your bank
account for the amount currently owed for service	es provided and applicable excess usage fees. You understand that
	not authorizing Communiqué Kaleidoscope, Inc. to set up your will make other payment arrangements prior to your next payment
due date.	will make other payment arrangements prior to your next payment
	must be made in writing according to the requirements of the
	ice Agreement, which you agreed to when you signed up for your
	ts issued by Communiqué Kaleidoscope, Inc. under their service bank account, but rather the amount of the service credit will be
applied to your next billing cycle.	ownie decount, our twiner and amount of the berries event with or
You acknowledge that you are the owner or author	orized signer on the account information entered in this form.
Signature of authorized Bank Account Holder	Date