



AUTOMATIC ACH WITHDRAWAL

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By signing this agreement, _____ hereby authorizes Med One Capital Funding LLC (Med One Group) and its affiliated companies to collect lease / rental payments as well as applicable freight charges via Automatic Clearing House (ACH) for any and all lease or rental transactions which are or shall be entered into between Med One and _____ (lessee).

This agreement applies to all transactions between Med One and lessee per the payment schedule established by the lease / rental agreement. Lessee shall not terminate the Auto-Draft Authorization Agreement unless Lessee first completes and executes a new Auto-Draft Authorization Agreement.

ACCOUNT INFORMATION

Name on Account _____

Name of Bank _____

Account Number _____

Routing Number _____

SIGNATURE / TITLE

DATE

PHONE # OF SIGNER

EMAIL OF SIGNER

Please return completed form to:

Mark Stevens

Senior Vice President of Operations

mstevens@medonegroup.com or via fax: 801-566-7049