

Authorization for Electronic Funds Transfer and Acceptance of Member Obligations.

To complete your membership registration:

Print out this form.

Complete and sign it.

Then mail it with a voided check and a copy of your current license to:

ProfessionalCharges.com

3429 Ocean View Blvd., Suite K

Glendale, CA 91208

Bank Information

Name(s) on Bank Account: _____.

Checking Account Number: _____.

ABA Number: ____ _

(The 9 digits on your check to the left of the account number.)

I authorize ProfessionalCharges.com to initiate credit entries (deposits) and debit entries (withdrawals from), and to initiate if necessary adjustments for any credit or debit entries in error to my account indicated above and the bank depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until it is terminated according to the terms of the Membership Agreement I/we have with ProfessionalCharges.com.

I certify that all information submitted is and will be true and correct, and that I am authorizing ProfessionalCharges.com to obtain credit and reference information as appropriate for the fulfillment of reliable and trustworthy service. I understand and agree to the terms of the Member Agreement, and I am personally guaranteeing all member obligations set forth in the Member Agreement.

Signature: _____

Date: _____