



GOSOLO PRE-AUTHORIZED CHECKING FORM

Must be submitted with a GOSOLO SIGNUP FORM. For additional information, call 1-888-551-7656.
Please print clearly.

GOSOLO NUMBER

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ACCOUNT OWNER INFORMATION

FIRST NAME MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

STATE ZIP CODE

MOBILE PHONE - - WORK PHONE - -

Please sign and return both pages of this form along with your completed GOSOLO SIGNUP FORM by mail or fax.

By phone or fax:
888-551-7656

Or mail to:
GoSolo
10701 Danka Way N #100
St. Petersburg, FL 33716 USA

ACCOUNT OWNER'S SIGNATURE _____ DATE _____

THIRD PARTY AUTHORIZATION

SIGNATURE _____ DATE _____

I (we) hereby authorize Go Solo Technologies, Inc., hereinafter called COMPANY, to initiate debit entries for payment of my total monthly GoSolo service bill (amount to vary month to month, based on actual usage), and the Bank named below, hereinafter called BANK, to debit same to such account on the monthly anniversary of my service subscription. I further understand that if my electronic debit is returned, I agree that a \$20.00 (US) return item fee will be charged to my account. This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such a manner to afford COMPANY and BANK a reasonable opportunity to act on it.

PAYMENT INFORMATION

BANK NAME

BRANCH ROUTING NUMBER ACCOUNT NUMBER

ATTACH VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP HERE