

ACH Authorization For The Benefit of SIUT North America Inc.

To Be Used By The Donors

I (we) hereby authorize Wallis State Bank of Texas to initiate debit entries to my (our) account as specified and as indicated below for the sole benefit of the account holder named SIUT North America Inc. Account Number 43605. I (we) acknowledge that the provisions of U.S. law.

Name (as it is written in your account): _____

Address: _____

_____ City

_____ State

_____ Zip Code

Bank Routing Number: _____

Account number to be debited: _____

Type of Account: _____ Checking _____ Saving

Amount to be Debited: \$ _____

Frequency to be debited: _____ Every month _____ Every three month
_____ Every six months _____ Every year

This authority is to remain in full force and effect until the Wallis State Bank of Texas has received written notification of its termination and manner as to afford Wallis State Bank of Texas and SIUT North America Inc. a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM and Mail it to: Wallis State Bank, 4100, Westheimer Road, Suit # 100, Houston, TX 77027 and a copy to SIUT North America Inc., 7415, Starbridge Dr., Houston, TX 77095.

Print Name(s) of Account Holder(s)

Signature(s) of Account Holder(s)

Date: _____