



BANK DRAFT AUTHORIZATION FORM

Company Name:			
Address		Phone:	Fax:
Name of Bank:	Routing Number: (9-Digit)	Account Number:	Account Type: (circle option) Savings Checking
Type of Card: (circle option) VISA Mastercard AMEX DISCOVER	Credit Card Number:	Exp. Date: (mm/yyyy)	CV Code: 3-Digit
Name as it appears on Credit Card:		eMail to Receive Invoice:	
One Time Amount of: \$	Monthly Recurring Amount: \$	Withdrawal Day: 1st Day of Every Month	Start Date:

One Time Amount If you have to pay a Setup Fee, A One-time fee or Outstanding Amount, fill it here otherwise fill in zero.

Monthly Recurring Amount Amount to be withdrawn on the withdrawal date.

Withdrawal Date Business day, the Monthly Recurring Amount will be withdrawn from the account. If this date falls on a non-business day, the withdrawal will occur on the next business day.

Start Date Date when the first withdrawal should occur

I hereby authorize **Cradle Solution Inc.** and the Financial Institution designated on this form to draft my bank account using the information provided below and no later than the 1st of each month in the amount of the Monthly Service Fee as agreed upon in the Software Order Form Agreement (SOFA). I understand that this agreement is in effect until terminated in writing by an authorized representative of the **Licensee**.

Authorized Name: (of account holder)	Authorized Signature: (of account holder)	Date:
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