



**BANK DRAFT AUTHORIZATION**

I hereby authorize Lightcurve to draft from my checking account. This authorization will remain in effect until I have cancelled it.

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing Transit number \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

If available, attach voided check below:

Please return signed form to:

Lightcurve  
Attention: Billing Department  
PO Box 639  
Eatonville, WA 98328

Company use only:

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_