



AUTOMATIC CHECK TRANSFER (ACT) Authorization Agreement for Prearranged Payments (Debits)

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Member Information:

Name(s) on Account: _____ AIM Member ID No.: _____

Date: _____ Signed: _____ Telephone No.: _____

I (We) hereby authorize and request AIM USA, hereinafter called Company, to effect payment for any amounts owing by me (either of us) to Company as such amounts become due by initiating debit entries to my (our) account indicated below in the bank or credit union named below, hereinafter called Bank or Credit Union, and I (we) authorize and request Bank or Credit Union to accept any debit entries initiated by Company to such account and to debit the same to such account without responsibility for the correctness thereof;

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to Company. Any such notification to Company shall be effective only with respect to entries initiated by Company after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Bank or Credit Union shall be effective only with respect to entries debited to my (our) account by Bank or Credit Union after receipt of such notification and a reasonable time to act on it.

IMPORTANT: Failure to complete this section WILL cause delay in processing the application.

Bank or Credit Union Information:

Bank or Credit Union Name: _____

Bank or Credit Union Address: _____

Bank or Credit Union Telephone No.: _____

Bank or Credit Union Transit Routing No.: _____

Depositor Information:

Account No.: _____

Type of Account (Check One): Checking Savings Corporate

1. Confirm with Bank or Credit Union that it is a participating facility.
2. Provide accurate transit routing number of Bank or Credit Union.
3. Provide accurate personal account number.
4. The cost of the order will be deducted from your account at the time you place the order.

VOIDED CHECK MUST BE ATTACHED