



ACH Form for Recurring Automatic Payments

USA Customers Only

Use this form to enroll in AutoPay – the easiest way to make your monthly payments. With AutoPay, there are no checks to write or calls to make. Your payments will automatically be transferred from your checking account to D-Tools for each payment by ACH transfer.

To enroll in AutoPay, complete the form below and return by fax, email or mail:

FAX: (925) 521-6056 | EMAIL: accounting@d-tools.com | MAIL: D-Tools, 3886 Mayberry Dr., Suite E | Reno, NV 89519

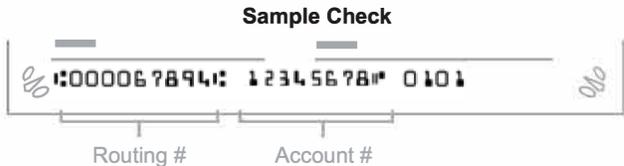
Have a question? Call (866) 386-6571 option 6. Office hours: Monday-Friday 8 AM-5 PM (PST)

Authorization Agreement for Recurring Automated Direct Payment Plan

Customer Name:

D-Tools Account #

Name of Bank or Financial Institution ("Bank")



Bank Routing #

Checking Account #

By signing below, you authorize D-Tools, Inc. ("Company") to initiate recurring electronic automated clearing house (ACH) debit entries from your Checking Account indicated above, at the Bank named above, in order to make payments on your D-Tools, Inc. account and, if necessary, to initiate transactions to correct any erroneous payment debit. Your AutoPay payments will begin on the Start Date listed above and will occur on a recurring basis in accordance with billing frequency requested on your account until your D-Tools, Inc. account is paid in full, terminated by Company (as provided below), or you revoke this authorization (as provided below). If any payment date falls on a weekend or holiday, the payment will be executed on the next business day.

If your Bank is unable to process any electronic ACH debit entry, you authorize Company to resubmit the ACH debit entry within the next 3 to 5 business days, and/or to submit a paper draft to your Bank for processing and payment. If your payment (whether in the form of an electronic ACH debit or a paper draft) is dishonored or returned unpaid by your Bank, you agree that Company may charge a return item fee and/or a late charge (if and to the extent applicable) to your D-Tools, Inc. account, to the extent allowed by law. You also acknowledge that your Bank may also impose its own additional fees according to your Deposit Account Agreement with such Bank. You acknowledge that the origination of ACH debit entries to your Checking Account must comply with and will be governed by the provisions of applicable laws and rules of the National Automated Clearing House applicable to the transaction.

This authorization will remain in full force and effect until Company has received written notification from you of termination at the address above. You agree to notify Company in writing of any changes in your Checking Account information or termination of this authorization at least 15 days prior to the next billing date to afford a reasonable opportunity for Company and Bank time to act. Company may, at any time, terminate your right to make recurring electronic clearing house (ACH) debit entries. Termination of this authorization by either you or us does not affect your D-Tools account.

Authorized Name(s) on Bank Account:

Today's Date:

Signature: