Wealthperx Payment Authorization

Please debit my monthly membership fee from the checking account I have indicated below. I will notify you by mail, fax or email if I want you to stop.

*******YOU MUST INCLUDE A VOIDED CHECK FROM THIS ACCOUNT (must be U.S. funds on U.S. bank) *******

Bank Name _____

Bank Address, City, State, Zip _____

Bank Routing # (9 digits) _____ Your Acct # _____

I (we) hereby authorize Wealthperx, hereinafter called "Company" to initiate entries and, if necessary, debit corrections and adjustment entries to my (our) account at the financial insititution listed above. This authority is to remain in full force and effect until Company has received written notification from the recipient of its termination in such a time and manner to afford Company a reasonable time to act upon it.

Recipient Signature _____ Date _____

Recipient Printed Name _____ Member ID #_____

Send to: Wealthperx, 25 Racetrack Road NE, Ft. Walton Beach, FL 32547
or Fax to (850) 864-2345

Please tape your voided check in this box