

BANK RELEASE AUTHORIZATION STATEMENT

Effective this date ____/____/____, This authorizes (1) _____
(Merchant's Bank) to mail the authorized NSF Processing Entity listed below all checks that have been
given to us (2) by our customers that have been returned (NSF Items) unpaid or uncollected by their
bank.

These checks are not to be held or re-deposited. They are to be sent immediately when first dishonored
to:

Gulf Management Systems Inc.
35246 U.S. 19 N. #148
Palm Harbor, FL 34684

This authorization supersedes and cancels all prior authorization and instructions for check
forwarding. This authorization will remain in effect from the effective date forward until the above
named bank (1) has received written notice to the contrary.

(1) Merchant's Bank: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

(2) Bank Customer/Merchant _____

Address _____

City _____ State _____ Zip _____

Bank Routing Number _____ Account Number _____

Authorizing Merchant Signature

X: _____

Printed Name Title Date

IMPORTANT: FOR QUESTIONS REGARDING THIS BANK RELEASE FORM AUTHORIZATION
STATEMENT PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____