

**THIS FORM
HAS TO BE
SUBMITTED 3
DAYS PRIOR
TO THE
AUCTION
DATE TO BE
ACCEPTED!**

Fax (512) 990-2900 * Email: auction@txauction.com

AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS (ACH DEBITS)

COMPANY

NAME Gaston & Sheehan Auctioneers Inc.

I (We) hereby authorize Gaston & Sheehan Auctioneers, Inc, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account / Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. or State Law.

BANK DEPOSITORY NAME _____

BRANCH NAME _____

CITY/ST/ZIP _____

TRANSIT/ABA ROUTING# _____

ACCOUNT # _____

AMOUNT \$ _____ (Please add \$10 fee to invoice total)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

USER NAME or BIDDER # _____

PHONE # _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.