

AUTHORIZATION AGREEMENT FOR PRE-**AUTHORIZED PAYMENTS**

Fax # 239-333-1110 Phone # 239-472-9111

(ACH Credit and Debits) info@royalshell.com I (we) hereby authorize Royal Shell Vacations, Inc. to initiate debit and credit entries to my (our)

account for such amount allowed by law in the event a debit entry is rejected by the Depository.

[] Checking or [] Savings account (select one) indicated below and the depository (bank) name below,

hereinafter "Depository", to debit or credit the same to such account. I further authorize the Company to debit said

Date:	Amount \$
Bank/Depository Name:	
Account Holder's Name(s):	
Account Number:	
Routing (Transit/ABA) Number:	
Check Number:	VOIDED CHECK MUST ACCOMPANY COMPLETED FORM
Check Memo:	
Reservation ID:	WILL NOT BE PROCESSED WITHOUT RESERVATION ID
Account Holder's Telephone:	
Account Holder's Street:	
City:	State:Postal Code:
either of us) of its termination in s	Force and effect until COMPANY has received written notification from me (or such time, but no less than 3 business days before any payments are due to be COMPANY and DEPOSITORY a reasonable opportunity to act on it.
G	Date:
Please return from along	with voided check to Royal Shell Vacations Fax: 239-333-1110
For Office Use Only:	
Reservation ID:	Reservationist:
Guest Name if different from Acco	ount Holder:
Check in Date:	Property:
Date check Posted/WCC:	Posted By: