

ACH Authorization Form

I (we) hereby authorize General Atomics and its affiliated companies to initiate entries to my (our) checking account at the financial institution listed below. I (we), acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Company Name: _____

Company Address: _____

Contact Name / Title: _____ Contact Email: _____

Email for Remittance Advice: _____

Please indicate which Affiliate this payment method is to be used for.

General Atomics

General Atomics Aeronautical Systems Inc (GA-ASI)

Diazyme Laboratories Inc.

General Atomics Systems Integration (GA-SI)

Banking Information

New Enrollment

Updated Information

Banking Institution Name: _____

Routing Number: _____

Name on Bank Account: _____

Account Number: _____

Account verification will be performed before the payment method will be updated. This will be completed internally at General Atomics and affiliates via our financial partner PNC Bank.

My signature below is acceptance of the Net 45 terms required for ACH payment.

This authorization for ACH is to remain in full force and effect until General Atomics and its affiliated companies receives written notification from me (us) of its termination in such time and in such manner as to afford General Atomics and its affiliated companies and the above mentioned financial institution a reasonable opportunity to act on it.

Authorized Signature and Title_____
Date