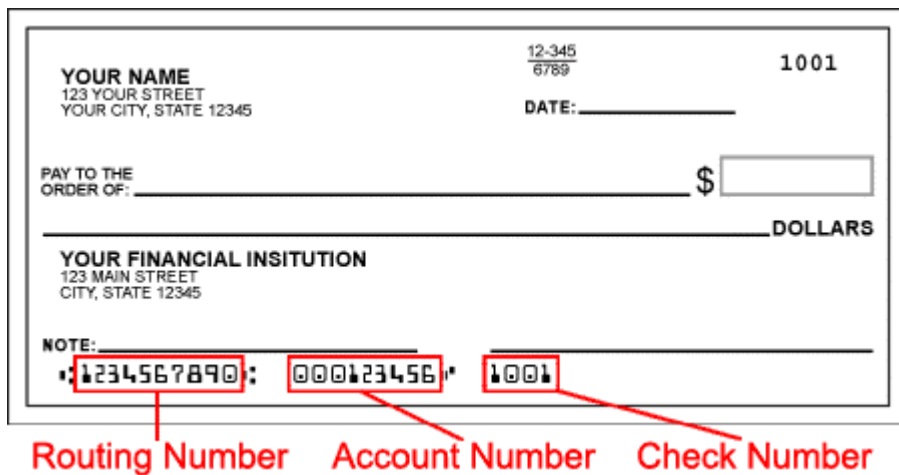


AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we, if joint account) hereby authorize **001Cigarettes.com** to initiate credit/debit entries to my (our) **Checking Account** the Financial Institution indicated below, to credit/debit the account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all provisions of U.S. law.

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
Routing Number:		
Account Number:		



This authorization is to remain in full force and effective until **001Cigarettes.com** receives written notification from me (or either of us) of termination, in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. I (we) deem this to be seven (7) days.

Name(s): _____

Signature: _____

Signature: _____

Day Phone: () _____ Evening Phone: () _____

Please fill out this form, attach a voided check and fax it to us at:

888-273-1215 (Fax Only)