



REQUEST FOR ACH PERMISSION

This form is a request for information to be provided by the Agency/Broker ("Broker") identified below in order to make use of ACH transactions with NIP Group, Inc. ("NIP").

Name of Broker: _____

Address for accounting
(If not handled by main office) _____

Accounting Contact for Broker: _____

Bank Name: _____ Contact: _____ Contact's Title: _____

Bank Address: _____

Account #: _____ ABA Routing #: _____ Type of Account: _____

I/We authorize NIP to initiate DEBIT transactions to my/our account at the above referenced financial institution beginning on _____, 20____.

I/We authorize NIP to initiate CREDIT transactions to my/our account at the above referenced financial institution beginning on _____, 20____.

I/We acknowledge and accept responsibility for the accuracy and correctness of all information provided in this form and agree to be responsible for any costs, expenses, penalties, delays or other events that may arise resulting from any error in this form, including but not limited to any fine applied by the National Automated Clearinghouse Association.

This authorization is to remain in full force and effect until NIP has received written notification from Broker specifically revising or terminating such authority in such time and in such manner to afford NIP and Broker a reasonable opportunity to resolve any pending transactions.

Special Instructions (If any):

IN WITNESS WHEREOF, the undersigned have executed this Agreement by their respective duly authorized officers as of the day and year first written above.

NIP Group, Inc.

Broker

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

