



# ITNet® DEBIT ACCOUNT FORM

You **MUST** have this form on file at Incredible Technologies, Inc.  
or your games will not be activated for online play.

After processing of the ITNet® forms, a personalized Operator Identification Card will be mailed to you.  
The Operator Identification Card allows you to immediately register your games on-site.  
Billing Information for Automatic Debit Payments

## Authorization Agreement for Pre-authorized Payments For participation in ITNet®

I (we) authorize Incredible Technologies, Inc., hereafter called COMPANY, to initiate debit entries to my (our) bank account indicated below. I (we) authorize the financial institution named below, hereafter called INSTITUTION, to credit the amount of such entries to my (our) account to correct any errors, and the Institution to deposit any such corrections to my (our) account. I have attached an unsigned and voided check for the account I wish to be debited from time to time and in varying amounts.

**Please Print Clearly and Legibly to Insure Accuracy.**

_____		<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Company Name		_____	
_____		Bank Account Number	
Address		_____	
_____	_____	Bank Routing Number (VERY IMPORTANT)	
City, State, Zip	County	_____	
_____		Bank Name	
Company Contact		_____	
( ) _____	( ) _____	Bank Phone Number	
Phone Number	Fax Number	_____	

**To assist in verifying data, please attach an unsigned voided blank check from your account.**

The authority is to remain in full force and effect until I (we) revoke the agreement in writing as hereafter provided. Any revocation is effective only after COMPANY has received written notice from me (us) to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I (we) have the right to stop payment of a debit entry by notification to the Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account. A copy of this authorization will be provided at your request.

## Email Addresses

Incredible Technologies® can alert you to a variety of information through email.  
Please fill in the name and email address of the parties responsible for the following areas:

Main _____	_____
Main Contact Name	Main Contact Email Address
Billing _____	_____
Billing Contact Name	Billing Contact Email Address
Technical _____	_____
Technical Contact Name	Technical Contact Email Address
Promotions _____	_____
Promotions Contact Name	Promotions Contact Email Address

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature MUST accompany this form.



Fill out this form completely and mail or fax to:  
**Incredible Technologies, Inc.**  
200 Corporate Woods Parkway - Vernon Hills, IL 60061  
(847) 870-7027 Phone (847) 454-9155 ITNet Registration Fax  
Allow up to 10 Business Days for Processing.