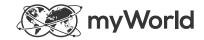
Direct Debit Authorization Form



myWorld America Inc. 11110 W. Oakland Park Boulevard, Suite 275 Sunrise, FL 33351

Member Name:			
Member ID:			
Address:			
City:	Staℕ	ZiN	
Phone:			
Bank Information			
Bank Name:			
Account Holder's Name:			
Bank Address:			
City:	State:	Zip:	
Routing # (9 digits):			
Bank Account #			
myWorld America Inc., is hereby authomaintained by me (us) at the above na		bits or issue ACH credits on the acco	unt
Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:			
Date(s) and/or frequency of debit(s):		· · · · · · · · · · · · · · · · · · ·	
It is the responsibility of the myWorld therefore there will be a \$15.00 fee for			afts,
This authorization shall remain in effect that this authorization has been termina up to thirty days. By executing this Aut acknowledges that: If this is a corporat this form has the requisite legal power undersigned represents and warrants to signatory on the Account referenced a true and correct.	ated in such time and manner the chorization Form, the undersign tion, limited liability company, chand authority to complete and to myWorld that the person except.	to allow myWorld to act which may ta ned individual(s) represents, warrants, a or partnership, the individual(s) execut I submit this form on their behalf. The ecuting this form is an authorized	ake and ting
Account Owner Signature:	Date:		
Print Name and Title:			