

BIOAesthetics

Skin Enhancement & Rejuvenation, LLC

9233 Park Meadows Drive, Lone tree , Colorado 80124

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize BioAesthetics to initiate entries to my (our) checking/savings accounts at **First American State Bank** listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until BioAesthetics is notified by me (us) in writing to cancel it in such time as to afford BioAesthetics and **First American State Bank** a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

Set Amount: \$ _____ or Maximum Amount: \$ _____ or No set or maximum Amount

Frequency (please circle one or fill out your own schedule):

Bi-monthly Monthly Quarterly or _____

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

Routing Number

Account Number