

Unitedstars International Ltd. Check Draft Authorization Form

Date: ____/____/201__

Travel Consultant: _____

I, _____, authorize Unitedstars International Ltd. to initiate funds from the checking
Client Name
account indicated below. I also authorize my depository financial institution to honor these transfers.

Please Check Box (required)

This authorization is valid for this transaction only.

The transaction amount will be \$ _____ (transaction amount required)

Passengers' Names:

乘客姓名: _____

Client Contact Tel: _____ Cell: _____ Fax: _____

Email: _____ Home Address _____

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legal binding agreement between Unitedstars International Ltd. and, _____.
Client Name

I understand that all returned checks are subject to a \$35.00 NSF Fee. This agreement will remain in effect until I, _____, receive Unitedstars International Ltd. written notice of cancellation via fax or email.
Client Name

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Copy Here (required)

Then Fax To 1-225-757-1340

OR

Email To

service@usitrip.com