Fly In Sky Travel

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Mobile: +91-9990323630 LandLine: 011-47048989 Web: www.flyinskytravel.com Email: sales@flyinskytravel.com

ACH AUTHORIZATION FORM

Account Holder Bank Info					
Account Holder	r Name:		_		
		ccount Number on a Ch			
6123	44567	89 650	0670890141		
Reu	ting Nu	nber	Account Number		
Account Number:		Routin	g Number:		
Account He	ol <mark>d</mark> er Inf	ormation:			
Address:			City:		
State:	Zip:	Phone/Mob:	Email:		

Name of all Passengers and Date of Birth:

	Last Name:	First Name:	Year	Mon	Day
1					
2					

3		
4		

Total Amount:\$	
Effective Date:	

I hereby authorize FLY IN SKY TRAVEL LLC to electronically draft via ACH my bank account for amount of for payment of tickets for all the above passengers. I have reviewed and understand the refund / cancellation penalties on Fly In Sky Travel website http://www.flyinskytravel.com,agreed to the Policies and Procedures, relating to the purchase of the airline tickets in this agreement. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Please take the print out and sign below this form, then fax to.....

Note: If you are not US Citizen, Please verify transit visa requirements with appropriate consulates.

Signature of the Candidate:

Date: