

francesca's[®]
ACH Authorization Agreement Form

ACH Authorization Agreement

XXXXX hereby authorizes Francesca's Services Corp. or Francesca's Collections Inc. ("Francesca's") to initiate automatic deposits to my account at the financial institution named below. I also authorize Francesca's to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Francesca's responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. Company agrees to promptly reimburse Francesca's for any and all penalties and fees incurred as a result of Company's bank rejecting ACH debits or credits.

This agreement will remain in effect until (i) Francesca's receives a written notice of cancellation from me or my financial institution to the address stated below, or (ii) until I submit a new ACH form to the Accounts Payable Department, or (iii) until Francesca's provides me notice of cancellation. I understand and agree that Francesca's requires at least 10 business days prior notice to process such cancellations and changes.

Account Information

Account Name: _____
Name of Financial Institution: _____
Routing Number: _____
Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____
Email Address (Remittance Advice): _____ Date: _____

I certify that I am an authorized representative of the Company stated above, I have the authority to authorize this Form on Company's behalf, and ACH transactions I authorize are in compliance with NACHA rules and all applicable laws.

Please return this form by mail to 8760 Clay Road, Suite 100, Houston, TX 77080 Attn: Accounts Payable or by email AP@francescas.com.