



**AUTHORIZATION AGREEMENT FOR DIRECT CREDITS & DEBITS**

(Surcharge Commission ONLY)

**COMPANY NAME** \_\_\_\_\_

I authorize Venco Business Solutions, Inc., or any other third party processor of Venco Business Solutions' choice to initiate transfer entries and to debit and/or credit the designated ACH account identified below for the applicable surcharge transaction commission. This authorization shall remain in effect unless and until Venco Business Solutions has received written appropriate notification that this authorization has been terminated in such time and manner to allow Venco Business Solutions or its third party processor to act. Venco Business Solutions or its third party processor shall have the right to credit and debit the account for the surcharge of ATM terminal transactions and transaction adjustments on behalf of its third party processor. The company or individual agrees to provide a voided check (which may not be a starter check), and any other bank documentation (signed by an authorized bank representative) required to grant authority to Venco Business Solutions or its third party processor to credit or debit the account. All shortages and adjustments are the full responsibility of the company and/or individual further agrees to comply with all electronic-fund-transfer, ACH, network, or processing switch rules, regulations and requirements.

**BANK NAME/BRANCH** \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other - Type? \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

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This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Print name: \_\_\_\_\_

Federal (Tax Payer) ID Number \_\_\_\_\_

Signed:  \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTITFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. PLEASE PROVIDE A VALID EMAIL ADDRESS FOR THE ELECTRONIC MAILING OF MONTHLY STATEMENTS.**