



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH CREDITS)**

COMPANY NAME _____

I hereby authorize Switch Commerce, hereinafter called COMPANY, to initiate deposits to my () Checking () Savings account (Select One) indicated below at the depository Financial Institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

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.

Name(s) _____
(print) _____

Federal ID Number _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Email Address: _____

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

(Please provide a copy of a voided check for account number verification)

Credit Authorization