Authorization for ACH Deposits

This document serves as an Agreement between _



(Agent Name)

(Agent), whereby the agent auti	norizes Signature Card S	Services to credit t	funds into the agent's	
☐ Checking Account #	or 🔲 :	or Savings Account #		
with(Bank Name)	whose Routing Nu	mber is		
VOIDED CHECK or SAVINGS				
Such credits shall be for the pa will be initiated through Signatu Automated Clearing House (AC monthly processing fee for this	re Card Services' bank (CH) in accordance with the	(Originating Bank)		
Please ensure that the bank ac specified and conducted pursu voided check, the account liste which will initiate an ACH pre-n	ant to this agreement. Ud above will be verified b	lpon receipt of thi		
The verification process will tak transmitted to the agent's account information above paying the monthly residuals.	ount. The agent acknowl	edges that Signat	ture Card Services will maintain	
becomes effective immediately is given thirty days in advance b	upon execution by both by either party. The agen Written changes must be	parties. It remain It may modify the Pe received by Sigr	nature Card Services 14 days in	
Printed Name of Agent		Company Name or DBA (if applicable)		
Signature of Agent		Date		
Address Phone Number				
City, State, Zip Code		E-Mail		
	nber			
Office Use Only				
Authorized Representative		Date	Agent R #	

