

Authorization for ACH Deposits



This document serves as an Agreement between _____
(Agent Name)
(Agent), whereby the agent authorizes Signature Card Services to credit funds into the agent's
 Checking Account # _____ or Savings Account # _____
with _____ whose Routing Number is _____
(Bank Name)

VOIDED CHECK or SAVINGS DEPOSIT SLIP REQUIRED BEFORE ACH WILL BE PROCESSED.

Such credits shall be for the payment of monthly residuals due from Signature Card Services. All credits will be initiated through Signature Card Services' bank (Originating Bank) and transmitted via the Automated Clearing House (ACH) in accordance with the ACH rules and regulations. There will be no monthly processing fee for this service.

Please ensure that the bank account listed above will be open to accept ACH credits for the transaction specified and conducted pursuant to this agreement. Upon receipt of this agreement and copy of a voided check, the account listed above will be verified by Signature Card Services' Originating Bank, which will initiate an ACH pre-notification.

The verification process will take at least five business days during which time no live ACH credit will be transmitted to the agent's account. The agent acknowledges that Signature Card Services will maintain the account information above in a secure electronic database to be accessed only for the purpose of paying the monthly residuals.

Inactive accounts will be deleted from Signature Card Services' database after three years. This agreement becomes effective immediately upon execution by both parties. It remains in effect until written notification is given thirty days in advance by either party. The agent may modify the bank account information by submitting changes in writing. Written changes must be received by Signature Card Services 14 days in advance of any transaction requiring or authorizing a credit on the new account.

Printed Name of Agent

Company Name or DBA (if applicable)

Signature of Agent

Date

Address

Phone Number

City, State, Zip Code

E-Mail

Federal Tax ID or Social Security Number

Office Use Only

Authorized Representative

Date

Agent R #

2101 W. Burbank Blvd • Burbank, CA 91506 • Phone 866.839.0001 • Fax 323.966.0056

