



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Mail original form to 3962 Brown Park Drive Suite F Hilliard OH 43026

Legal Entity or Individuals Names: _____

Fictitious name or BCMS DBA name: _____

Address: _____

Individual Name _____ Company Tax ID # _____

Complete Email Address

(Required) _____

I (we) hereby authorize Banc Certified Merchant Services, hereinafter called COMPANY, to initiate debit and/or credit entries to my (our):

Checking Account (select one) Savings Account (select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and/or credit the same to such account. I (we) include my (our) authorization for COMPANY to reverse or debit any credit entries made in error to my (our) account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository

Name _____ Branch _____

City and State _____ Phone Number _____

Routing Number _____ Account Number _____

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

Print Name _____

Date _____ Signature _____

ATTACHED A VOIDED CHECK

(DEPOSIT SLIPS WILL NOT BE ACCEPTED FOR CHECKING ACCOUNT DEPOSITS)

or

Documentation from Bank (bank form or letter)

or

Authorization letter from Controller or Treasury Dept

ATTACHED A VOIDED CHECK

(DEPOSIT SLIPS WILL NOT BE ACCEPTED FOR
CHECKING ACCOUNT DEPOSITS)

or

Documentation from Bank (bank form or letter)

or

Authorization letter from Controller or Treasury Dept

CANCELLATION POLICY

To cancel this authorization sign, date and fax to Banc Certified Merchant Services (877) 861-8008

Signed _____ Date _____

Please do not close your account before your direct deposit has been stopped.

PLEASE RETAIN A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS