AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company
Name _____

Company *(use main phone number as company id)*
ID Number _____

Payment Receipt Email Address: _____

I (we) hereby authorize **_Transact Payment Systems, dba TranAct_**, hereinafter called **_TranAct_**, to initiate debit entries to my (our) ❑ Checking Account / ❑ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called **_DEPOSITORY_**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____

Branch _____

City _____

State _____ Zip _____

Routing
Number _____

Account
Number _____

ATTACH A COPY OF VOIDED CHECK ALONG WITH THIS FORM

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

Name(s) _____
(Please Print)

Id Number _____

Date _____ Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

You can return form via email, fax or regular mail. Information provided below.

tranact