



**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.**

**(You MUST provide a copy of a voided check for account number verification)**

**Credit Authorization**