



Authorization Agreement for Direct Deposits (ACH Credits and ACH Debits)

Company Name _____

Tax ID/SSN Number _____

I (we) hereby authorize EZCheck Check Services to initiate credit/debit entries to my (our) **Checking Account** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit or 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 _____

Routing Number _____

Account Number _____

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

Name(s) _____

ISO Number _____

Please Print

E-Mail Address _____

Phone Number _____

Date _____

Signature _____

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

MAIL THIS FORM AND VOIDED CHECK TO:

EZCheck
16211 Park Ten Place
Houston, TX 77084

Or fax form and check to 281-647-6936

PLEASE ATTACH YOUR VOIDED CHECK HERE