

ACH Credit Authorization

Signature Information: By signing below, I authorize LinkPOS or agent to send ACH debit and/or credit entries to my account, and adjusting debit or credit entries as necessary in accordance with U.S. law.

Signature

Printed Name

Bank Information (Required)

Required Information	Deposit Funds To My Account At:
Name on Account	
SSN or EIN on Account	
Address of Recipient	
City, State Zip	
Institution (bank) Name:	
9-Digit Bank RTN #:	
Primary Account #: <small>(please indicate if account number is checking or savings)</small>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Email Address for Notifications:	

Termination Information: This authorization is to remain in full force and effect until said company has received written notification from me of its termination in such time and in such manner as to afford said company and depository a reasonable opportunity to act on it.