

**AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS PAYMENTS/DEPOSITS**



COMPANY NAME \_\_\_\_\_

MERCHANT ID \_\_\_\_\_

I/We hereby authorize Frontline Processing Corp., hereinafter called FRONTLINE, to initiate credit and debit entries to my/our Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called the DEPOSITORY, and to credit or debit the same to such account. I/We acknowledge that the originations of ACH transactions to my/our account must comply with the provision of US law. This authorization is to remain in full force and effect until FRONTLINE has received written notification from me/either of us of its termination in such time and in such manner as to afford FRONTLINE and DEPOSITORY a reasonable opportunity to act on it.

**BANK INFORMATION**

\*IF EITHER ACCOUNT IS A SAVINGS ACCOUNT, PLEASE PROVIDE EVIDENCE THAT IT IS PART OF THE ACH NETWORK, OR OTHERWISE ABLE TO SUPPORT DEBITS TO THE ACCOUNT.

BANK 1 - TYPE OF ACCOUNT				BANK 2 - TYPE OF ACCOUNT			
BANK NAME		BRANCH		BANK NAME		BRANCH	
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
ROUTING #		ACCOUNT #		ROUTING #		ACCOUNT #	
<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> DISCOUNT	<input type="checkbox"/> CHARGEBACKS		<input type="checkbox"/> DEPOSIT	<input type="checkbox"/> DISCOUNT	<input type="checkbox"/> CHARGEBACKS	
<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> SUPPLIES	<input type="checkbox"/> MISC. FEES		<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> SUPPLIES	<input type="checkbox"/> MISC. FEES	

Signature of Guarantor (please sign below)      Name (printed):      Social Security Number:      Date:

Signature of Guarantor (please sign below)      Name (printed):      Social Security Number:      Date:

Please attach a legible copy of driver's license here.

Please attach a bank issued voided check or include a bank letter.