

Authorization Agreement for Direct Payments

Name on account
Address City State
Zip Phone

I/We hereby authorize BMO Harris Bank N.A., hereinafter called COMPANY, to initiate debit entries to our Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Depository/Financial Institution Name
Routing or ABA number Account number
Depository/Financial Institution Address
City State
Zip

I/we have attached a specimen cheque marked "void" or a bank provided account confirmation to this Authorization Agreement for Direct Payments. Initial _____

If this agreement is to remit payment(s) to a registered client of Payline by ICE, please indicate business or individual name:

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

Name (please print)

Authorized signature _____ Date