



# ACH Authorization Form

## Account Information

**Account Name:** \_\_\_\_\_ **EIN/SSN:** \_\_\_\_\_

*use the name that appears on your checks.*

**Address:** \_\_\_\_\_

*use the address that appears on your checks.*

**Bank Name:** \_\_\_\_\_ **Account Type:** \_\_\_\_\_ Checking \_\_\_\_\_ Savings

*place a check next to your account type.*

**Account #:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

## Authorization

I authorize Capitalize, LLC to deposit or debit my Commissions to/from the bank account specified above. Should a transaction be returned, I further authorize debiting the above-mentioned account for non-sufficient fund fees according to applicable State Law. I understand that this authorization is to remain in full force and effect until Capitalize, LLC has received written notification from me of its termination at least five (5) business days prior to the payment due date. I further understand that canceling my ACH authorization does not relieve me of the responsibility of paying my account in full, and that if I cancel or revoke this authorization before any remaining debt is paid in full, Capitalize, LLC may take additional actions including legal actions to secure and recover the debt.

Please Attach A Voided Check

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_