AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize MOGO Operating LLC (the Company) to deposit the proceeds of my revenue check directly into the bank account noted below via Electronic Funds Transfer (Direct Deposit via ACH.) This authorization is to remain in effect until the Company has received 30 days written notice from the undersigned terminating or changing this authorization.

Request type: ☐ New Application ☐ Request Change ☐ Request Cancellation

Owner Name: _____

Owner Code, if known: _____

Telephone: _____ Email address:_____

Check one or both of the following:

☐ Mail my statement ☐ Email my statement to the email address above

BANK INFORMATION:

Financial Institution Name: _____

Address: _____City: _____ State:_____ Zip: _____

Phone: _____

Routing Number (9 digits): _____ Account Number:_____

Name of Account Holder: (must match Owner Name above): _____

Account Type: ☐ Checking ☐ Savings

Attach a voided check. Forms received without a voided check will be considered incomplete. Deposit Slips are not accepted.
If checks are not available, or you are using a savings account, please attach a letter of verification from your bank that includes the full routing and account number.

Owner Signature:_____ Owner Signature:_____

Print:_____ Print:_____

Date:_____ Date:_____
(If joint account, must be signed by both parties)

Please mail completed and signed form to:

MOGO Operating, LLC
PO Box 720840
Norman, OK 73070