



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND SIGN BELOW OR
COMPLETE THE INFORMATION BELOW AND SIGN.**

Company Name: PAYMENT SERVICING CORPORATION

I (we) hereby authorize , **PAYMENT SERVICING CORPORATION**, hereby called COMPANY, to initiate debit and/or credit entries to/from my (our) Checking account indicated below and to Bank named below to debit same to such account.

Bank Name _____ Branch _____

City _____ State _____ Zip _____ Phone # _____

Transit/ABA # _____ Account# _____

Name on Account _____ Checking or Savings _____

Withdrawal/Deposit date shall be upon presentation to the Bank by the Company and the amount to be withdrawn/deposited shall be specified by the terms of the contract with Company.

This authorization grants **PAYMENT SERVICING CORPORATION** permission to activate reversal entries if necessary.

This authority 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 a reasonable opportunity to act on it. **FIVE DAYS IS REQUIRED TO MAKE CHANGES TO AN ACH**

Please contact **PAYMENT SERVICING CORPORATION** at (406) 257-8186 with any questions.

Name(s) _____

Signature _____

Date _____