

PayLink – A better way to pay

Save time, increase operational efficiency, and focus where it matters most.

Flexible payment options

- Ditch cash and checks for payment automation
- Eliminate waiting at your place of business to pay your distributors
- Experience simplified payments and connect your bank account for ACH payments, or pay with a card of your choice

Take control of your business

- Access a comprehensive dashboard to view all of your invoices, payments, and more, for a complete view of your business
- Easily manage your payments, schedule future payments, short-pay invoices in case of damaged product, and save payment types

Save time and increase efficiency

- Whether you're writing checks and waiting to pay your delivery reps, or manually keying in invoices, you're leaving time and money on the table
- Increase operational efficiency and pay on your own time with contactless and cashless payments, giving you time back to focus on your business

Get started today

Interested in getting started with PayLink? Reach out to your distributor sales rep to get started today.

ACH DEBIT AUTHORIZATION FORM

Distributor Name: _____

Return this form to: _____

Company Name: _____

I (we) hereby authorize (Distributor Name), hereinafter called Receiver, to initiate debit entries, credit entries (if needed), and account adjustments (if needed) to my (our) Checking Account / Savings Account (select one) established and in good standing at the depository financial institution named below, hereafter called DEPOSITORY. I (we) understand and accept that this authorization will remain in effect until canceled by my legal signature in writing. I (we) further agree to notify The Receiver, in writing, of any substantial changes to the account information, changes to payment processing by law, the closing of the account, and/or the desired termination of this authorization at least fifteen (15) business days prior to the next billing date. I (we) understand and accept that I will be able to view all account activities within the DSDLink Portal and payments will process within twenty-four (24) hours of the next business day after submission. I (we) understand and accept that banking business days may impact transactions as processes vary during weekends and holidays. I (we) acknowledge and attest that the origination of any and all transactions established by this agreement to my (our) account must comply with the appropriate, relevant, enacted and enforceable laws, regulations, and rules of the United States of America. In attesting to this, I (we) assume all legal responsibility and liability for any legal violations related to this agreement. I (we) acknowledge and attest that the origination of any and all transactions established by this agreement to my (our) account must comply with the appropriate, relevant, enacted and enforceable laws, regulations, and rules of all states and jurisdictions (county and local) wherein payments are received and processed. In attesting to this, I (we) assume all legal responsibility and liability for any legal violations related to this agreement. I (we) agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Depository Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Payment Options:

Dynamic Recurring Debit

Start Date of Drafts: ___/___/_____

Expiration: ___/___/_____ (Must be at least 15 business days after form submission)

Recurring Terms: Every _____

Day(s):

Week(s):

Month(s):

Acceptable range not to exceed: \$ _____ per payment cycle.

Transaction Fee (If Applicable): \$ _____

One-time Payment

Payment Amount: \$ _____

Payment Date: ___/___/_____

Static Recurring Debit

Start Date of Drafts: ___/___/_____ (Must be at least 15 business days after form submission)

Expiration: ___/___/_____

Recurring Terms: Every _____

Amount: \$ _____

Day(s):

Week(s):

Month(s):

Acceptable range not to exceed: \$ _____ per payment cycle.

Transaction Fee (If Applicable): \$ _____

Number of Payment (If Applicable): _____

*Total Amount Owed: \$ _____

*(Payment Amount + Transaction Fees (If Applicable))x Number of Payments (If Applicable)

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

Date: ___/___/_____

Name(s): _____

(Please Print)

Authorized Signature: _____ Authorized Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.