



Agent/Sub-Retail Agency Authorization for Direct Deposit VIA ACH (ACH Credits)

I (we) authorize acumen, (Company) to electronically credit my (our) account (and if necessary, electronically debit my (our) account to correct erroneous credits ¹) as follows at the depository financial institutions named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Primary Account Name: _____

Financial Institution Name: _____

Name (s) Authorized on the Account: _____

Checking Account Savings Account

I (we) understand that this authorization will remain in full force and effect until I (we) notify acumen in writing to request revoke this authorization. I (we) understand that acumen requires at least 30 days written notice to cancel or change this authorization.²

I (we) understand the commission statements and direct deposits will be completed on or near the last day of each month. The itemized commission statement will be emailed to the person I (we) designate below. I (we) understand that a change in designated email recipient requires at least 30 days written notice to change this authorization.

Agent Name: _____ Phone Number: _____

Agent Signature: _____ Date: _____

Email Recipient's Name: _____ Email Address: _____

Authorized Account Holder Signature: _____ Date: _____

¹ The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

² Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it.

A voided check is required for verification (note that deposit tickets may not have a routing number that can be used through the ACH network).

Attention: Camron Devor, acumen, 425 2nd St SE, Ste 1275, Cedar Rapids, Iowa 52401



AUTHORIZATION AGREEMENT FOR CCD/CTX TRANSACTIONS

This Authorization Agreement governs ACH transactions initiated by acumen (Originator) to debit or credit the Receiving Company indicated below (Receiver). Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by Originator that credit or debit Receiver's account listed below, and acknowledge that the origination of ACH transactions to the listed account must comply with provisions of U.S. law.

This Agreement provides authorization for recurring transactions to be initiated by Originator when individually authorized using the methods designated below. This Agreement shall remain in effect until Originator has received written notification from Receiver to terminate this Agreement at such time and in such manner as to afford Originator a reasonable opportunity to act upon the notification. Both parties agree that the Agreement in conjunction with any of the designated methods constitutes authorization to debit Receiver's business bank account and Receiver agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Please complete the information below:

Transaction Information **Add ACH** **Change Financial Institute or Account** **Cancel- Stop ACH**

- Originator is authorized to Deposit (ACH credit) to the business account of Receiver and make applicable adjustments.
- Originator is authorized to Withdraw (ACH debit) from the business account of Receiver and make applicable adjustments.

Receiving Company Information (Receiver)

Agent Name:	_____	Authorized Account Holder:	_____
Agency/Sub-Retail Agency Name:	_____	Phone Number:	_____
Address:	_____	City State Zip Code:	_____
Email Recipient's Name:	_____	Email Address:	_____

Financial Institution Information

Company Name on Account: _____

Financial Institution Name: _____

Account Number: _____

Routing/Number: _____

Type of Account: Checking Savings

The above business account is enabled for ACH transactions Yes No

I authorize Originator to initiate ACH debits and credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement and other agreements in force between Originator and Receiver. I certify that I am an authorized representative of the Receiver indicated above and that I have the authority to enter into this Agreement on the behalf of Receiver.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS AGREEMENT

Attention: Camron Devor, acumen, 425 2nd St SE, Ste 1275, Cedar Rapids, IA 52401