



P.O. Box 3046
 Oshkosh, WI 54903
 #800-448-9228
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ACH CREDIT AUTHORIZATION

NAME	
ADDRESS	
CITY	STATE / ZIP

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME	
ROUTING #	ACCOUNT # <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CITY	STATE / ZIP

This authorization 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 and DEPOSITORY a reasonable opportunity to act on it.

NAME
TITLE

ID #

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

SIGNATURE
DATE