



Authorization Agreement for Automated Billing (ACH Credits)
And
For Direct Deposit (ACH Credits)

(This form must be filled out and signed by the contact/owner listed on the original application)

Company Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Merchant Number: _____

I (we) hereby authorize First Data to initiate credit and debit entries and to initiate, if necessary, credit and debit entries and adjustments for any credit entries in error in my (our) checking account indicated below and depository named below, hereinafter called Financial Institution, to debit and/or credit the same to such account.

Financial Institution: _____ **Branch:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Transit/ABA Number: _____ **Account Number:** _____

Please include a preprinted voided cheque or a letter from your Financial Institution that has been signed and stamped by a representative at the institution.

No Temporary cheques please

This authority is to remain in full force and effect until First Data Merchant Services has received written notification from me (or either of us) of its termination in such time and such manner as to afford First Data Merchant Services and Financial Institution a reasonable opportunity to act on it.

(Please print)

Date: _____ **Name:** _____ **Signature:** _____

Date: _____ **Name:** _____ **Signature:** _____

Please fax this form and a void cheque to IMS Sales & Support @ 1-800-322-3970