



Authorization Agreement for Direct Debits
ACH Debits and Changes

Company/Employer Name: _____

I (we) hereby authorize CONEXIS to initiate debit (charge) entries to my (our):

- Checking account
- Savings account

indicated below at the financial institution named below and to debit the same to such account.

Financial Institution Name (Bank, Savings and Loan, Credit Union, etc.):

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

Name(s): _____
Signature(s): _____
Email address: _____
SS Number: _____ Date: _____

All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check and mail or fax printed and signed form to:

CONEXIS
P.O. Box 223886
Dallas, TX 75222

Phone: 1-877-722-2667
Fax: 1-877-353-2948