

Bank Change/ACH Authorization Form

DBA/CORPORATE NAME: _____

MID# _____

CREDIT/DEBIT AUTHORIZATION FORM

Pursuant to Section 18.7 and Section 35.1 of the PRIORITY PAYMENT SYSTEMS Merchant Services Program Guide and the Merchant Processing Application and Agreement (CLIENT AGREEMENT), I (we) hereby authorize PRIORITY PAYMENT SYSTEMS LLC to initiate debit or credit entries and adjustments to my (our) checking/savings account, listed below, as allowed under the Merchant Processing Agreement and Program Guide and under any agreements with our affiliates for relative services, as well as any entries in error. I also authorize the financial institution, listed below, to effect all such debits and credits to my (our) account. This authority will remain in full force and effect until I (we) have given written notice to the financial institution were my (our) account is maintained and that all monies due under the CLIENT AGREEMENT and under any other agreements with us our affiliates for any related services have been paid in full.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Request by: _____ Date: _____

Authorized Merchant Signature: _____

Required Documentation:

- Voided Check or Bank Letter

Please fax your signed request and required documentation to: **1-888-209-4888**