

# Direct Debit/Payment Agreement Form

## Authorization Agreement

I hereby authorize Moneywise Solutions Inc. to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous transactions) at the financial institution listed below.

Further, I agree not to hold Moneywise Solutions Inc. responsible for any delay, loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Moneywise Solutions Inc. [in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that Moneywise Solutions Inc. requires at least 10-days prior notice in order to cancel this authorization.

## Account Information

Select One: Checking  Savings

At the depository financial institution named below (Depository) I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Title: \_\_\_\_\_  Personal  Business

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_

Date(s) and/or frequency of debit(s): \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Signature

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title (for Business): \_\_\_\_\_