



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS  
(ACH DEBITS)**

**COMPANY  
NAME** \_\_\_\_\_

I (We) hereby authorize CREDIT LINK, LLC, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account information that was previously provided to Company.

**(If account information is the name, please note SAME below. If account information has changed, please provide us with the current information below.)**

**DEPOSITORY  
NAME** \_\_\_\_\_

**BRANCH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to allow CREDIT LINK, LLC to make a one-time debit from the above-mentioned account for monies owed against previous month billing, which will include a \$15 Service Charge.

**NAME** \_\_\_\_\_ **Credit Link ID INT-** \_\_\_\_\_  
PLEASE PRINT

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**DATED** \_\_\_\_\_

☆☆☆☆☆☆☆☆ **REQUIRED** ☆☆☆☆☆☆☆☆☆

1. PLEASE FAX WITH THIS FORM A **VOIDED CHECK** REFERENCING ABOVE ACCOUNT NUMBER. Return Fax To 630-657-1800 *And*
2. PLEASE **SEND ORIGINAL** SIGNED FORM TO OUR OFFICE WITHIN 5 BUSINESS DAYS.

*Mail Original to:*  
Credit Link, LLC  
29 W 110 Butterfield Road Suite #105  
Warrenville, IL 60555  
Attn: Accounting Department