



**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 (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. Terms of this agreement are **Net 15**. Payments will be made on the 15<sup>th</sup> of every Month.

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

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

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

**ACCOUNT TYPE:**     **Checking**     **Savings**

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

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

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. If I change banks or bank accounts, I am fully responsible for immediately notifying COMPANY of the change.

**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) 657-1076 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