



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)**

To be completed and signed by Owner receiving Direct Deposit

Independence Capital, LLC _____
Company Name

27-2975290 _____
Company Tax ID Number

I (we) hereby authorize Independence Capital, LLC (“Company”), to initiate credit entries to my (our) Checking / Savings Account (**please circle one**) indicated below at the depository financial institution named below, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name

Branch

City

State, Zip

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 Financial Institution a reasonable opportunity to act on it.

Name (please print)

Social Security Number / Tax ID Number

Date

Signature

Please attach a voided **check** here: