



ACH Authorization Form

315 Upland Rd.

Kennett Square, PA 19348

Email: AgentRelations@PayGoDistributors.com

PLEASE CHECK ONE: **NEW*** **CHANGE** **CANCEL**

*If NEW box is checked, please submit form W-9

Payee Information: Agent/Retailer

Contact Person _____

Billing Address _____

City, State, Zip _____

Phone Number _____ Email _____

ACCOUNT INFORMATION:

Account Type: Checking Savings

Exact Name on Acct _____ Bank Name _____

Bank Routing Number _____ Account Number _____

AUTHORIZATION:

I (we) hereby authorize DK Distributors DBA PagGo Distributors, LLC to **credit** this bank account due to me, in accordance with the Agreement for payment due to me (us) on dates specified in accordance with the Agreement.

I hereby authorize DK Distributors DBA PagGo Distributors, LLC to **debit** this bank account for any invoice (customer payments, expenses etc.) or any reimbursement due DK Distributors DBA PagGo Distributors, LLC including any errors for overpayments paid to me (us).

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DK Distributors DBA PagGo Distributors, LLC in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand because this is an electronic transaction, these funds may be withdrawn from my account any day after approval of the amount authorized by me in advance, after which I can guarantee sufficient funds are in the account. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that DK Distributors DBA PagGo Distributors, LLC may at its discretion attempt to process the charge again. I acknowledge that ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transaction corresponds with the terms indicated in this authorization form.

Signature

Date