

Direct Deposit Authorization

I authorize Showpay, Inc., hereinafter called Company, to initiate credit entries to my checking/savings account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account. I authorize the Company to draw on my account or to initiate debit entries to my account, for the purpose of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The Depository shall not be liable for honoring any draft, debit entry, or withdrawal initiated by the Company.

Depository Name: _____
City/State: _____
Nine Digit Bank Routing Number: _____
Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.

Name: _____
Sign/Date: _____
Social Security Number: _____
Your Phone #: _____

*Please attach a voided check in the space provided below.

attach voided check here

Fax to: (404) 261-1866

or mail to: Showpay Inc.
565 Dutch Valley Rd NE
Atlanta, GA 30324