

Delegate CX

ACH Authorization Form

Credit/Debit Authorization

I (we) hereby authorize Delegate CX to initiate entries to my (our) checking/savings account (s) at the financial institution listed below (the Bank Name), and if necessary, initiate adjustments for any transactions credited/debited in error.

Bank Name : _____

Bank Address: _____

Name on Account: _____

Bank Routing Number (see example below) : _____

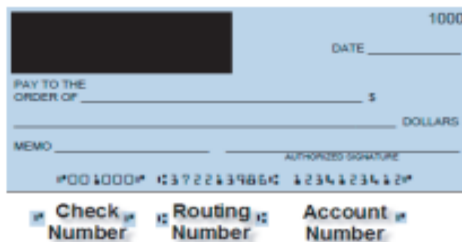
Account Number (see example below) : _____

Checking/Saving (please choose one) : _____

Digital Signature: _____ Date : _____

Printed Name : _____

Remit Email Address : _____



Please return the completed form to accounting@delegatecx.com