

Bank Draft Authorization Agreement

For Pre-Authorized Payments (ACH)

I hereby authorize SwervePay Health, LLC ("SwervePay") to initiate debit or credit entries, which are necessary for services, and I authorize the BANK / FINANCIAL INSTITUTION named below to debit (or credit) the account described below. This transaction will be for the purpose of satisfying invoices for monthly software or merchant account service fees, setup fees, and other fees for services requested from SwervePay. ADDITIONALLY, IN THE EVENT THE UNDERSIGNED BUSINESS IS APPLYING FOR A MERCHANT ACCOUNT, I AUTHORIZE SWERVEPAY TO PROVIDE THE BELOW AND RELATED INFORMATION TO THE MERCHANT ACCOUNT PROCESSOR FOR PURPOSES OF COMPLETING A MERCHANT ACCOUNT APPLICATION.

BANKING INFORMATION:

Type of Account: Checking

Company Name on Bank Account: _____

Bank / Financial Institution Name: _____

Transit / Routing Number: _____

Bank Account Number: _____

Verify Bank Account Number: _____

City and State of Bank or Financial Institution: _____

I understand that this authorization will remain in effect until I notify SwervePay and my financial institution in writing that I/we no longer desire this service, and by giving reasonable notice (30 days) to both SwervePay and my financial institution to act on my notification to cancel this agreement. I also understand that if corrections in the transactions are necessary, an adjustment (credit or debit) to my account may be necessary.

COMPANY INFORMATION:

Company / Business Name: _____

Street Address of Business: _____

City / State / Zip of Business: _____

Accounting Contact Name: _____

Accounting Contact Email: _____

Accounting Contact Phone: _____

Authorized Person: _____

Authorized Signature: _____

Date: _____

PLEASE EMAIL OR ATTACH AN IMAGE OF VOIDED CHECK OR BANK LETTER WITH
ACCOUNT INFORMATION TO FINANCE@SWERVEPAY.COM.