

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 Signature:

Authorized Signer Email:

Authorized Signer Title:

Date:

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