

Appendix A
Authorization Agreement for Direct Payments
(ACH Debits)

Complete this form, scan and
email to billing@dizzion.com

CUSTOMER INFORMATION

Customer Name _____			
Mailing Address _____			
City _____	State _____	Zip _____	

_____, hereinafter called CUSTOMER, hereby authorize(s) Dizzion, Inc., hereinafter called COMPANY, to initiate debit entries to its Checking Account indicated below at the depository financial institution named below and, if necessary, initiate adjustments for any transactions credited/debited in error. CUSTOMER agrees to confirm identification of the account at the time of the initial entry to such account and to notify COMPANY immediately if an incorrect entry is posted to the account. CUSTOMER acknowledges and agrees that it is bound by, and that the origination of ACH transactions to its account must comply with, applicable provisions of U.S. law, and the National Automated Clearing House Association Operating Rules and Operating Guidelines.

CUSTOMER'S BANK INFORMATION

Depository Institution _____	Branch _____ (optional)
City _____	State _____
Zip _____	
Account Number _____	Routing (ABA) No. _____ (9 digits)
Account Type <input type="checkbox"/> Personal Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business Savings (check one)	Currency of Account _____

NOTE: Please attach supporting documentation (a copy of a voided check or a bank letter) from your account to validate correct banking details.

AGREEMENT

This authorization supersedes and replaces all prior authorizations for direct deposits and correcting entries and shall remain in full force and effect until COMPANY has received written notification from CUSTOMER of its request to cancel in such time and in such manner as to afford COMPANY and the depository financial institution a reasonable opportunity to act on it.

CUSTOMER Name _____			
Name of Authorized Signer _____	Title _____		
Signature _____	Date _____		