



Wherever you stand, we stand by you.®

Direct Deposit Agreement Form

I hereby authorize **Credit.com, Inc.** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Credit.com, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Credit.com, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Credit.com Accounts Payable.

Please fax completed form to 415-230-4629 or email to accountspayable@credit.com.

Name of Financial Institution _____

Routing Number _____

Account Number _____

Company Name _____

Authorized Name (Print) _____ **Date** _____

Authorized Signature _____ **Date** _____