



Direct Deposit Agreement Form

Authorization Agreement

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 ap@credit.com.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Signature

Company Name _____

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

Authorized Signature: _____ **Date:** _____