

Partner Authorization for Direct Deposit Via ACH (ACH Credit)

I have provided information for my account below.

I, ("PARTNER") hereby authorize TeleVoIPs ("COMPANY") to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits). I agree that ACH transactions I authorize comply with all applicable law.

Account Information

- ☐ Checking Account
- ☐ Savings Account

Depository Name:

Routing Number:

Account Number:

Name(s) on the Account:

Acknowledgement

I understand that this authorization will remain in full force and effect until I notify TeleVoIPs in writing that I wish to revoke this authorization. I understand that TeleVoIPs requires at least 10 days prior notice in order to cancel this authorization.

X _____



Signature Certificate

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