

ACH AUTHORIZATION FORM

Date: _____

I, _____ (“Recipient”/“Vendor”), hereby authorize
_____ (“Company”) to initiate credit/debit entries
and adjustments through the Automated Clearing House (“ACH”) system to the account listed
below. This authority will remain in effect until terminated by either party in writing. Company
will be notified by Recipient/Vendor in writing to cancel any transaction in sufficient time to
give Company a reasonable opportunity to act on it. Both parties to this agreement agree to
indemnify and hold harmless, the Company’s financial institution, PriorityOne Bank, its officers,
directors, employees, agents and any person, firm or corporation now or hereafter acting as agent
for said PriorityOne Bank in any capacity, and any successors in any such capacities and
successors and assigns of PriorityOne Bank, from and against any loss, claim, damage and
expense in connection with, or arising out of this authorization.

Recipient/Vendor Account Name: _____

Recipient/Vendor Bank Name: _____

Recipient/Vendor Bank Routing Number: _____

Recipient/Vendor Account Number: _____ ☐ Checking ☐ Savings

Recipient/Vendor Printed Name

Company Printed Name

Authorized Signature

Authorized Signature