ACH AUTHORIZATION FORM

All information on this form is required unless otherwise noted.

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT:

Linkedin Funding
Authorized Business Name

631-507-2267
Authorized Business Phone Number

6800 Jericho Tpke
Authorized Business Address

Syosset
City

NY
State

11791
Zip

ACCOUNT HOLDER INFORMATION:

Account Holder First Name

Account Holder Last Name

Account Holder DBA Name (If Business Account)

Phone Number

Account Holder Address

ACCOUNT HOLDER BANK INFORMATION:

Account Holder's Bank Name

Branch City

State

Zip

How to find your Routing and Account Numbers on a check

- ☐ Business Checking
- ☐ Personal Checking
- ☐ Savings

Bank Routing Number (9 digits)

Bank Account Number

TRANSACTION INFORMATION:

Goods Purchased/Services Rendered

Amount of Transaction

Effective Date

☐ One-time ☐ Recurring
Rate _____
No. of Transactions _____ or Open Ended ☐

AUTHORIZATION:

In exchange for products and/or services listed above the undersigned hereby authorizes:

Linkedin Funding

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a $25 reject fee if items are returned for insufficient funds.

First Name of Account Holder

Last Name of Account Holder

Title of Account Holder

SIGN HERE

Signature of Account Holder

Date