



## Checking Draft Agreement and Pre-Authorization Form

### Authorization Agreement

I hereby authorize **Synergy, Inc. / Marc Galli** (herein referenced as VENDOR) to initiate ACH debits and process printed checks to be drafted on my checking account at the financial institution named below.

I understand the VENDOR will prepare and process the electronic transfers in accordance with the operating rules and regulations promulgated by the National Automated Clearing House Association (NACHA), the Banking Commission and the Uniform Commercial Code.

I understand the VENDOR will process printed checks or ACH debit transactions containing the banking information I have provided below and in accordance with the Extent of Authorization terms ascribed below. I agree to cover any NSF or other related charges that the VENDOR may incur.

This agreement will remain in effect until the VENDOR receives a written notice of cancellation from me or my financial institution, or until I submit a new Checking Draft Agreement and Pre-Authorization form to the Accounting Department.

### Account Information

Full Legal Name: \_\_\_\_\_  
as appears on Driver's License \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Driver's License  
state of issuance: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA / Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Extent of Authorization

I wish to be notified by email to: \_\_\_\_\_ when ACH debits or checks are drafted. (This notification will include Amount, Date check was drafted, and Check / Reference number.)

I authorize recurring transactions in the amount of \$\_\_\_\_\_ beginning \_\_\_\_\_ to be drafted:  
weekly | monthly | quarterly | semi-annually | annually on the \_\_\_\_\_<sup>th</sup> day of the month

I authorize a ONE-TIME ACH debit / draft in the amount of \$\_\_\_\_\_ to be dated: \_\_\_\_\_  
that shall bear the memo or descriptor: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the Accounting Department.**