

ACH Credit Authorization Form



Please complete the information below and return this form along with a copy of a voided check. Send both items to BankDirect Capital Finance by fax to 877-226-5297 or email our team using riskmanagement@bankdirectcapital.com. Please keep a copy for your records.

Agency Information

Agency Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Contact Name

E-Mail Address

Contact Name – if more than 1

E-Mail Address

Contact Name – if more than 2

E-Mail Address

Banking Information

Financial Institution Name

Branch

Street Address

City

State

Zip Code

Contact Name

Telephone Number

Account Name

Checking Account

Savings Account

Account Type

Routing Number

Account Number

Authorization

I hereby authorize BankDirect Capital Finance Company, a division of Texas Capital Bank, N.A., ("BankDirect"), to initiate credit entries to the account indicated above and the financial institution named above, ("FINANCIAL INSTITUTION"). I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until BankDirect has received written notification from the agency of its termination in such time and manner as to afford BankDirect and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Printed Name

Title

Signature

Date

BankDirect Capital Finance
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riskmanagement@bankdirectcapital.com