



Credit/Debit Authorization for Residual Payment

I (we) hereby authorize National Payment Processing, hereinafter called COMPANY, to initiate credit and debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(ABA Routing Number)

(DDA Account Number)

Type of Acct: Personal Checking Personal Savings Business Checking

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Authorized Signature)

(Date)

Please attach a copy of a voided check with completed authorization and fax to (209) 320-2108, ATTN: RESIDUAL DEPT. Note: Checks sent in **MUST be pre-printed** with at least your business or personal name. **No temporary checks will be accepted.** If you do not have pre-printed bank checks, you may obtain a letter from your local bank on their letterhead stating the name on the account, routing number, and the correct account number along with their phone number and contact name.