

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF CUSTOMER PAYMENT
(Form must be completed by the Customer. All Fields are mandatory for completed sections.)

Part I: Customer Information

Name of Customer		
Street		
City	State	Zip
Customer Contact Name		Customer Contact Phone Number
Email Address for transfer communications:		
Additional Emails:		

Part II: New Enrollments

Bank Name	
Bank Routing Number (9 digits)	Account Number
Account Type (select One)	
Checking Account <input style="margin-left: 10px;" type="checkbox"/>	Savings Account <input style="margin-left: 10px;" type="checkbox"/>

Part III: Change in Banking Information Complete all fields in Part II and Part III for a change in banking information

Old Bank Name	
Old Bank Routing Number (9 digits)	Old Account Number

Part IV: Signature of Customer

I, the undersigned, authorize Intellectual Technology, Inc. or LexisNexis VitalChek Network Inc., to originate future electronic deposit entries directly into my checking or savings account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until both Intellectual Technology, Inc. and LexisNexis VitalChek Network, Inc. receives written notice of cancellation. I certify that the foregoing is true and correct.

Signature _____	Date _____
Name (printed) _____	Job Title _____