

## CREDIT/DEBIT AUTHORIZATION FORM

I (“Associate”) hereby authorize CardEvo Inc. to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error.

This authorization is to remain in effect until CardEvo Inc. is notified by me in writing to cancel authorization in such time as to afford CardEvo Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Associate understands that if the information supplied as to the Routing Number and Account Number of the Designated Account is incorrect, and funds are incorrectly deposited, CardEvo Inc. will attempt to assist associate in the recovery of such funds but has no liability as to restitution of the same.

---

(Name of Financial Institution)

---

(Address of Financial Institution - Branch, City, State & Zip)

---

(Account Name)

---

(Account Number)

---

(Routing Number)

[Optional - Attach a copy of a blank Voided Check for the above account.]