

# **DBA NimbleCommerce**

6220 Stoneridge Mall Rd,

Pleasanton, CA 94588

## ACH Authorization Agreement Form

### Authorization Agreement

I hereby authorize NimbleCommerce to initiate automatic deposits to my account at the financial institution named below. I also authorize NimbleCommerce to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold NimbleCommerce responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until NimbleCommerce receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to supports@nimblecommerce.com.

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | ☐ Checking | ☐ Savings |

### Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature (Primary): |  | Date: |  |
| Authorized Signature (Joint): |  | Date: |  |

#### Please attach a voided check or deposit slip and return this form to the Payroll Department.