

**ELECTRONIC PAYMENT AUTHORIZATION FORM
(ACH)**

Authorization Agreement

I/We hereby authorize **Guaranteed Rate, Inc.** to initiate automatic deposits to my/our account at the financial institution named below. I/We also authorize **Guaranteed Rate, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I/We agree not to hold **Guaranteed Rate, Inc.** 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 **Guaranteed Rate, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new Electronic Payment Authorization Form to the accounting department.

Information

Name/Company: _____ Contact: _____

Street Address: _____ Tax ID #: _____

City, State, Zip: _____ Telephone Number: _____

Contact Email: _____

Financial Institution Account Information

Name of Financial Institution: _____

Financial Institution Address: _____

Routing -Transit /ABA Number (9 digits): _____

Account Number: _____

Name on Account: _____

Account Type:

Personal Checking

Personal Savings

Business Checking

Business Savings

Signature and Title of Authorized Person

Authorized Person (Print): _____ Title: _____

Signature: _____ Date: _____