hopdox®

Payment Instructions

Authorization Agreement for Direct Deposits (ACH CREDITS)

_____
County

_____
County ID Number (TAX ID)

I (We) hereby authorize Hopdox, herein after called COMPANY, to initiate CREDIT entries and/or correction entries to our ☐ CHECKING ☐ SAVINGS account (select one) indicated below at the depository named below, herein after called DEPOSITORY.

_____ _____
Depository Name/Bank Name Branch

_____ _____
City State

_____ _____
Bank Transit / ABA Number (9 digits) Account Number

This authorization will remain in full force until Hopdox has received written notification from me (or either of us) of its termination affording Hopdox and DEPOSITORY reasonable opportunity to act upon it.

_____ _____
Name(s) Title

_____ _____
Signature Date

Names and email addresses of recipients of nightly ACH report:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____