

Prepaid Card Program: ACH Debit Authorization Form



Instructions: Complete this ACH Debit Authorization Form in its entirety, attach a copy of a voided check or letter from bank confirming the account details and make a copy for your records.

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We hereby authorize EML Payments USA, LLC, herein called COMPANY, to initiate debit entries to our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same account for daily withdrawals. We acknowledge that the origination of the ACH transactions to our account must comply with the provisions of the U.S. law.

This authority is to remain in full force and effect until COMPANY has received written notification from us of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Program Name:	<input type="text"/>		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Financial Institution: Name & Branch	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
Bank Account Name:	<input type="text"/>		
Account Number:	<input type="text"/>	Routing Number:	<input type="text"/>
Indicate which account needs to be updated with the above banking information (if applicable):			
<input type="checkbox"/>	Card Funds Account - (EML Funds Management) Account where your cardholder funds will be stored/managed for debit or credit.		
<input type="checkbox"/>	Payments Receivable Account - (EML Accounts Payable) Account where any payments owed to you will be credited to.		
<input type="checkbox"/>	Monthly EML Invoices Pull Account - (EML Accounts Receivable) Account where monthly invoices should be pulled or credited to.		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Required: Please attach a copy of voided check to this form. In lieu of a voided check we will accept a letter from a bank representative where account is held confirming the account details within the letter.



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Please enter your program account contact details below for notification of ACH account activity.

Accounts Payable Contact Name: Contact Number:

Accounts Payable Email:

Accounts Receivable Contact Name: Contact Number:

Accounts Receivable Email: