



345 N. Reid Place
Suite 700
Sioux Falls, SD 57103
P: 605-988-3140

AUTHORIZATION FOR DEBIT/CREDIT TRANSFERS

Depositor name as shown on bank records

Checking/DDA account number

ABA/transit routing number

A voided check or spec sheet MUST be attached for this account.

Bank name

Bank address

City

State

Zip code

The depositor authorizes The Bancorp to present automated debits and credits to and from the above listed account as required to perform their responsibilities related to processing the depositor's benefit program. This authorization will remain in effect until revoked by the depositor in writing, and until you actually receive such notice, the depositor agrees that you shall be fully protected in honoring any such ACH transaction.

The depositor agrees that your treatment of each ACH transaction and your rights in respect to it shall be the same as if it were a check signed by the depositor.

I authorize payments to be withdrawn daily or weekly as needed.

Dated this _____ day of _____, 20_____.

Signature of depositor in agreement with bank records

Please update your ACH filter on the above reference account to grant access to The Bancorp. The Bancorp's identification number is **1050006509**