

Authorization Agreement for Direct Payment

Name: _____ Company ID # _____

I (we) hereby authorize Legacy Sales Company LLC to initiate direct payment credit entries and correcting debit entries to my: Checking Account Savings Account at the Financial Institution indicated below, beginning on _____, _____, 2025.

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Please attach a voided check for reference

Signature _____ Date _____