



AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) CREDITS

We authorize TCF National Bank to electronically credit our account at the receiving depository financial institution (RDFI) named below.

RDFI Name (Your Bank Name)
Checking Account
Savings Account

Bank Address

Account Number

Account Routing Number

Remittance Email Address

The amount of ACH credit authorized is the amount of the invoice(s) we submit to TCF National Bank for payment.

We agree that ACH transactions we authorize comply with all applicable law.

We understand that this authorization will remain in full force and effect until we notify TCF National Bank in writing (to the address listed below) that we wish to revoke this authorization. We understand that TCF National Bank requires at least 5 days prior notice in order to cancel this authorization.

By signing below, I warrant that I have full power and authority to grant the rights granted by this ACH Authorization to TCF National Bank without the consent of any other person.

Vendor's Legal Business Entity Name _____

Signature of Authorized Signer _____

Print Name of Authorized Signer

Date

TCF National Bank
ATTN: Accounts Payable
1405 Xenium Lane North
Plymouth, MN 55441