



Authorization Agreement for Direct Payment (ACH Credits)

Company Name: _____

Company Address: _____

City, State, Zip: _____

I (we) hereby authorize Bread Financial to initiate credit entries to my (our) Checking Account indicated below at the depository financial institution named below and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name: _____

City: _____ State: _____ ZIP: _____

ACH Routing Number: _____ (9 digits)

Account Number: _____

Email to receive alert when your payment is processed: _____

This authorization is to remain in full force and effect until Bread Financial has received written notification from me (us) of its termination or change of bank data in such time in such manner as to afford Bread Financial and the bank depository a reasonable opportunity to act on it.

Name(s): _____ Date: _____
(Please print)

Signature: _____ Title: _____

Return this completed and signed form to:

Bread Financial, Attn: Accounts Payable
7500 Dallas Parkway, Suite 700
Plano, Texas 75024

You may also email a scanned copy to: CorpAP@Breadfinancial.com

FOR INTERNAL USE:

Date Received: _____ Vendor Number: _____

Processed by: _____