

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

This form hereby authorizes Dexis Consulting Group and/or The QED Group, LLC to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. Please contact your Program Manager if additional information is required to complete the form.

(Vendor Name)

(Vendor Address)

(Vendor Contract – Name & Telephone No.)

(Email address)

(Signature)

(Date)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Name on Account: _____

Financial Institution Routing Number (**U.S. Institutions ONLY**): _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

Financial Institution SWIFT Code* (**non-U.S. Institutions ONLY**): _____

*SWIFT Code: Eight-character or Eleven-character identifier consisting of letters, or both letters and numbers**

Financial Institution IBAN Number** (If Needed): _____

Financial Institution Transaction or Sort Code*** (If Needed): _____

*IBAN Number: European Union (EU) institutions plus Norway, Switzerland, Liechtenstein and Hungary***

*Transaction or Sort Code: Six-digit identifier most commonly used by institutions in the United Kingdom****