L E G I O N S C A P I T A L

ACH Authorization

PURPOSE

Enroll in direct deposit (ACH credit) for vendor or contractor payments from **Legions Capital, Inc.** Return the signed form with a voided check or bank verification letter. Allow up to 10 business days for setup.

1. Payee Information

VENDOR / CONTRACTOR LEGAL NAME

TAX ID / EIN OR SSN

DBA / BUSINESS NAME (IF DIFFERENT)

VENDOR # (IF KNOWN)

CONTACT NAME

PHONE

EMAIL

REMITTANCE ADDRESS

CITY

STATE

ZIP

2. Bank Account Information

BANK / FINANCIAL INSTITUTION NAME

ACCOUNT TYPE

☐ Checking ☐ Savings

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

NAME ON THE ACCOUNT

ACCOUNT HOLDER TYPE

☐ Business account ☐ Personal account

REQUIRED ATTACHMENT

Attach a **voided check** or **bank verification letter** on bank letterhead. Deposit slips are not accepted.

3. Authorization

I authorize Legions Capital, Inc. to initiate ACH credit entries (electronic deposits) to the account identified above, and, if necessary, adjusting entries (debits or reversals) to correct any deposit made in error. This authorization remains in effect until Legions Capital receives written notice of its termination with reasonable opportunity to act on it. I confirm the account information is accurate, that I am an authorized signer on the account, and that authorized transactions comply with applicable U.S. law and NACHA Operating Rules. To change banking information or revoke, submit a new signed form to accounting@legionscapital.com (allow up to 10 business days).

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

TITLE

INTERNAL USE ONLY

Received _____ Verified ☐ Entered in AP ☐ Vendor # _____ Effective _____