

ACH Authorization

\*\*\*This form MUST be accompanied by a Printed Voided Check or Bank Letter\*\*\*

Add  Delete  Change

Store Name:

Address:

City:

State:

Zip:

Phone Number:

Cellphone Number:

Fax:

*Funds Settlement Information*

Bank Name:

Account Owner:

Account Name:

Address:

City:

State:

Zip:

Routing # (9 digits):

Account #:

(hereinafter referred to as Sales Agent) authorizes TopcellularUSA inc. TCUSA), to initiate ACH transfer entries and to credit and/or debit the account identified herein for funds due and owing to TCUSA. This authorization shall remain in effect unless and until TCUSA has received written notification from Sales Agent that this authorization has been terminated in such time and manner to allow TCUSA to act. The undersigned represents and warrants to TCUSA that the person executing this ACH Authorization is an authorized signatory on the account referenced above and all information regarding the account and account owner is true and correct.

Account Owner Signature:

Date:

Print Name and Title:

*ATTACH PRE-PRINTED VOIDED CHECK OR BANK LETTER*

**Please fax back to us at 714-835-8000**

**or Email Application to [Ash@topcellusa.com](mailto:Ash@topcellusa.com) or**

**Send application by picture message to 714-631-7800 or 714-552-3256**

**Please make sure you are the actual owner of the account**

**Thank you for your business.**