

Corporate Card Authorization Agreement for Direct Payments (ACH Debits)

Please read the Terms and Conditions and complete all the sections below to instruct Customer's financial institution to make payments directly from its deposit account. **a) Sign and return this Authorization Agreement to BMO Harris Bank N.A.** b) Retain a copy of this Authorization Agreement for your records and mail the original to: BMO Harris Bank, N.A., P.O. Box 6138, Carol Stream, IL 60197-6138, or fax to 1-855-803-7341.

The undersigned organization ("Customer"):

- (1) authorizes BMO Harris Bank N.A (the "**Bank**", "**we**" or "**us**") and any successor or assign of the Bank to initiate debit entries to the (**select one**) Checking Account or Savings Account indicated below ("**Account**") at the depository financial institution ("**Depository**") named below;
- (2) authorizes the Bank to debit the Account indicated below on the Payment Due Date shown on the monthly billing statement(s) in the amount shown as the "**Total Due**" on the monthly billing statement(s) for the corporate card account(s) itemized below, without regard to any payments or credits applied to any corporate card accounts after the applicable monthly billing statement and before the applicable payment due date.;
- (3) acknowledges that the origination of ACH transactions to the Account must comply with the provisions of U.S. law;
- (4) will inform the Bank, in writing at least 30 days before the Payment Due Date, of any change in the Account information;
- (5) and/or the Bank may terminate this Authorization Agreement by notifying the other in writing at least 30 days before a Payment Due Date.

If you have filters on your deposit account to prevent unauthorized debits, add the following information to your ACH Debit Filter setup to allow ACH debits to post to your Account:

Company Name: BMO Harris Bank N.A.
Company ID: 1246827658

Failure to do so will result in automatic payments being rejected by the Bank

If the Payment Due Date falls on a weekend or on a holiday, the payment will be processed and considered made on time the next business day. Please ensure the funds are available in the Account, otherwise non-sufficient funds charges may apply. If any payment is returned unpaid by the Depository the Bank may discontinue initiating debit entries. We will notify the Customer if we discontinue the Customer's automated debit service. If any automated debit is returned unpaid by the Depository we may charge the Customer a late fee based on the terms of the Customer's Corporate Agreement with the Bank. The automated debit service will continue until the Customer cancels its enrolment. We may discontinue the automated debit service at any time.

Customer Name _____ **Zip Code** _____

Set up ACH for (**select one only**): All Billing Accounts under this Customer name, including new accounts added after this date
 The following Billing Accounts*:

BILLING ACCOUNT #:

5 - - -	5 - - -
5 - - -	5 - - -
5 - - -	5 - - -

*When multiple card numbers are indicated on this form – please note that only one aggregate withdrawal amount will be shown on your bank account.

DEPOSITORY NAME		
ADDRESS	CITY	STATE & ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	
NAME OF DEPOSIT ACCOUNT HOLDER		

SIGNATURE(S) OF DEPOSIT ACCOUNT HOLDER

SIGNATURE(S) OF DEPOSIT ACCOUNT HOLDER

SIGNATURE(S) ON BEHALF OF ACCOUNT HOLDER

SIGNATURE(S) ON BEHALF OF ACCOUNT HOLDER

DATE	DATE
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