



Authorization Agreement for Automatic Deposits (ACH Credits)

Company Name: _____ Federal ID Number: _____

Company Name in DigitalChalk (if different): _____

Phone: _____ Email: _____

I (we) hereby authorize Infinity Learning Solutions, Inc. (ILS) to initiate credit entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit / ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ Individual Soc Sec #: _____

Date: _____ Signature: _____

Signature: _____

******* ATTACH A VOIDED CHECK *******

If you would like your payout to be direct deposited to your account, please fax this form and a copy of your voided check to 866-531-4940 or mail back to: Two Town Square Blvd, Suite 242, Asheville, NC 28803