



Authorization for Direct Deposit via ACH

SALES REPRESENTATIVE AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

Direct Deposit via ACH is the deposit of funds to an account, for example, payroll, commission, government benefits, tax and other refunds, annuities, and interest payments.

I (we) hereby authorize **AseptiScope, Inc.** ("COMPANY") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

Select One:

- ☐ Checking Account
☐ Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Recipient Name _____

Complete Address of Recipient _____

State _____ Country United States ZIP _____

Routing Number _____ Account Number _____

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

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [by email to the appropriate contact available in the footer of this document] that I (we) wish to revoke this authorization, or my (our) agreement with COMPANY becomes expired or terminated and all fees due under the agreement have been paid. I (we) understand that COMPANY requires at least [4 weeks] prior notice in order to cancel this authorization.

Name(s) _____

Signature _____ Date _____



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