



Trinity Inspection Services, LLC
4851 LBJ Freeway #410
Dallas, TX 75244

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Legal Business Name _____
DBA Name _____
Type of Business ___ Sole Prop ___ Partnership ___ Corp ___ LLC ___ Other
Federal Tax ID Number / Social Security Number _____
Remittance Address _____
Contact Person _____
Telephone Number _____
Email Address _____

I (we) hereby authorize Trinity Inspection Services, LLC, (“Company”), to initiate credit to my (our)

(check one) ___ Checking Account ___ Savings Account

indicated above, at the depository Financial Institution named below. If funds to which I am not entitled are deposited to my account, I authorize Trinity to direct the bank to return said funds to Trinity. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I understand that it is my responsibility to ensure that my payment is being deposited correctly into my account each pay date.

Financial Institution Name _____
Routing Number _____ Account Number _____
Name on the Account _____

This authorization 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 Financial Institution a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signature _____

Please send by FAX to 972-865-2896 or by email to finance@trinityonline.com.