



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

Company/ Person Name \_\_\_\_\_

I (we) hereby authorize SPG Solutions, Inc., hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our):

(Select one)     Checking Account    or     Savings Account

indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. 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.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (select one):     Business    or     Personal

Click4Advisor Account Name(s) \_\_\_\_\_

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 \_\_\_\_\_

**Note: Please include a voided check along with this signed authorization form. The mailing address is:**

**SPG Solutions, Inc.  
dba Click4Advisor  
5960 Stoneridge Drive, Suite 206  
Pleasanton, CA 94588**

**SPG Solutions Inc**

[www.ZiffTalk.com](http://www.ZiffTalk.com)    [www.Click4Advisor.com](http://www.Click4Advisor.com)

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