



CUSTOMER INFORMATION

Name: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

I HEREBY AUTHORIZE Tranco Global, LLC TO INITIATE: debit / drafts credits / payments

TO MY: checking account savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

If the funds are returned for any reason, there will be a \$35 charge made to your account.

ACCOUNT INFORMATION

Name of Bank: \_\_\_\_\_

City/State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

SWIFT Code: \_\_\_\_\_  
(If Applicable)

SIGNATURE OF ACCOUNT OWNER

This authority will remain in full force and effect until such time as **Tranco Global, LLC** has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print or Type)

\*Please attach a voided check\*

Once completed & signed, please return to Tranco Global via Scan/Email (AR@trancoglobal.com) or Fax (423.661.7981)