



AllianceData.

Authorization Agreement for Direct Payment (ACH Credits)

Company Name: _____

Company Address: _____

City, State, Zip: _____

I (we) hereby authorize Alliance Data to initiate credit entries to my (our) Checking Account indicated below at the depository financial institution named below and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name: _____

City: _____ State: _____ ZIP: _____

ACH Routing Number: _____ (9 digits)

Account Number: _____

Email to receive alert when your payment is processed: _____

This authorization is to remain in full force and effect until Alliance Data has received written notification from me (us) of its termination or change of bank data in such time in such manner as to afford Alliance Data and the bank depository a reasonable opportunity to act on it.

Name(s): _____ Date: _____
(Please print)

Signature: _____

Return this completed and signed form to:

Alliance Data, Attn: Accounts Payable;
7500 Dallas Parkway, Suite 700
Plano, Texas 75024

You may also fax the completed form to: **214-494-3550** or email a scanned copy to:
CorpAP@AllianceData.com

FOR INTERNAL USE:

Date Received: _____ Vendor Number: _____

Processed by: _____