

# Authorization Agreement For Payment By Electronic Funds Transfer

Owners Name: \_\_\_\_\_  
(First name & last name)

Business Name: \_\_\_\_\_  
(Include Inc., LLC, etc.)

Business Email: \_\_\_\_\_  
(For sending remittance documents only)

Company Name: Neighborly®

I hereby authorize Neighborly and Subsidiaries herein referred to as Company, to initiate credit entries to my checking or savings account indicated below and the Depository named below herein after called Depository, to credit to such account, and in the event that I am paid incorrectly, to reverse and correct the amounts.

Depository Bank: \_\_\_\_\_

Bank Transit ABA No.: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

☐ Checking

☐ Savings

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Please email completed form to [accounts.payable@nbly.com](mailto:accounts.payable@nbly.com)