ACH Direct Payment Authorization



1 - Your Details

Please complete all requested fields in this form to authorize electronic withdrawals from the bank account specified below. All electronic withdrawals are processed through the automated clearing house (ACH) system. This authorization only applies to payments for currency exchange money transfers conducted with OFX through its website, www.ofx.com.

This Authorization Agreement subject to OFX's User Agreement, which is incorporated by reference and the receipt and acceptance of which is acknowledged by your signature below.

All authorized owners of the bank account must sign this form. Please return the completed form signed with a signature (physical or electronic) to compliance@ofx.com, together with:

- 1. A recent bank statement (no older than 3 months) for the account listed below. If your bank statement does not display your full account number, please also provide a copy of a voided check or deposit slip.
- 2. A clear colour copy of your photographic identification document, preferably your passport.

0 0				
2 - Banl	KΔſ	count	Intorm	ation

Name as it appears on Bank Account (Account Holder)		Name of Financial Institution						
Address of Financial Institution		City	State	Zip Code				
Select One: Checking Account Savings Account								
Routing Number (ABA)	Account Number							
2 - Authorization								
the telephone. I agree that this are authorized to use this account, in that all persons whose signature	deductions from the bank account ind uthorization will remain in effect until (n) such time and in such manner as to a sare required to authorize transactions ation included is accurate, true and cor	DFX receives writte fford OFX reasond s on the above ba	en notification of termination fr able opportunity to act upon it. I	om an individual warrant and guarantee				
Print Name								
Signature	Date							