



## AUTHORIZATION AGREEMENT FOR APPROVED PAYMENTS/DEBITS

**(A \$5.00 FEE WILL BE CHARGED FOR EACH TRANSACTION.**

**PREMIUMS REMITTED TOGETHER WILL INCUR 1 TRANSACTION FEE.)**

### Member/Employee:

First Name

MI

Last Name

EPI Number

Phone Number

Email

### Bank/Bank Account Info: Credit/Debit Cards Only

Bank Name

Bank Transit/Routing Number

Bank Street Address

Bank Account Number

Bank City/State/Zip

Bank Account Type (Checking/Savings)

### Credit/Debit Card Account Info:

Select one: ☐ Visa ☐ MasterCard

Name as it appears on card

Credit Card Number

Expiration Date

CVV

Billing Address

City

State

Zip

By signing this agreement, I hereby authorize Linked.Exchange LLC or its authorized representatives to initiate debits to my account indicated above for payment of approved membership or insurance plans captured through the Linked.Exchange application submission platform and to initiate, if necessary, credit entries or adjustments for any debit entries made in error. I also authorize the bank or credit card named above to debit or credit such entries to said account. This authority is to remain in effect until Linked.Exchange LLC or its representatives receive written notification of its termination in such time and in such manner as to afford Linked.Exchange LLC or its representatives a reasonable time to act on it.

Authorized Signature

Printed Name

Date

*If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the above statements.*

Authorized Signature

Printed Name

Date