



Authorization Agreement for Electronic Funds Transfer (EFT Credits)

Company Name: _____

Company Address: _____

City, State, Zip: _____

I (we) hereby authorize Bread Financial to initiate credit entries to my (our) Bank 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 EFT transactions to my (our) account must comply with the provisions of the U.S. & Canadian law.

Financial Institution Name: _____

Financial Institution Address: _____

Bank & Transit ID (Canada): _____

ABA Number (US): _____

Account Number: _____

Email to receive alert when your payment is processed: _____

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

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

Signature: _____

Return this completed and signed form to:

Bread Financial, 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@Breadfinancial.com

FOR INTERNAL USE:

Date Received: _____ Vendor Number: _____

Processed by: _____