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| ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM |  |
| Connexity Publisher Program | |

**In order to receive electronic funds transfer “EFT” payments from Connexity, Inc., you must have a U.S.-based bank account.** If your bank is outside the U.S., please use our Wire Transfer Form.

Please have your CFO or authorized check signer complete the form below. To prevent processing delays, please complete every field with an asterisk (**\***). Forms with missing or incorrect information will be returned to the sender for completion.

Return the completed form via email to [pub-ops@connexity.com](mailto:pub-ops@connexity.com?subject=Payment%20Authorization%20Form).

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| PUBLISHER INFORMATION | | | | | | | | | | | | |
| Publisher / Affiliate name \* | | Affiliate / Pub ID \* | | | | | | Company name | | | | |
| Parent company name (if applicable) | | | | Publisher web site URL \* | | | | | | | | |
| Company address \* | City \* | | | State / Province | | | Postal code / Zip \* | | | | Country Code \* | |
| What country does your site sell to? \* | | | | Do you have any other Connexity publisher accounts? \*  Yes  No | | | | | | | | |
| BANK INFORMATION | | | | | | | | | | | | |
| Name of banking institution \* | | | | Beneficiary name on account \* | | | | | | | | |
| Bank address \* | | | City \* | | | State \* | | | Zip code \* | | | Country Code \*  US |
| Bank account number (ACH) \* | | | | Bank routing number \* | | | | | | | | |
| Is your bank EDI capable? \*  Yes  No | | | | Primary currency of bank account \*  USD  Other, please specify: | | | | | | | | |
| EFT CONTACT | | | | | | | | | | | | |
| EFT contact person name \* | | Contact phone \* | | | | | | Contact e-mail \* | | | | |
| AUTHORIZATION | | | | | | | | | | | | |
| I, **Your Name**, **Your Title** of **Company Name** certify that the information above is true and correct and that I, as the authorized representative for the above named company, hereby agrees to accept payments from Connexity, Inc. and its subsidiaries via electronic funds transfers (“EFT”) through the automated clearing house system. **Company Name** acknowledges and agrees that the terms and conditions of all agreements with Connexity, Inc. concerning the method of payment for goods and services are amended to permit EFT as contemplated hereby.  Company hereby authorizes Connexity, Inc. to direct any EFT to the designated bank account as stated above. | | | | | | | | | | | | |
| Type name as signature \*  🗴 | | | | | Title \* | | | | | Date \*  [Click to select date] | | |

If you have questions or need assistance completing this form, please contact the Publisher Team at [pub-ops@connexity.com](mailto:pub-ops@connexity.com?subject=Payment%20Authorization%20Form).