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## ACH Authorization Form

**Please complete the following information below:**

I, \_\_\_\_\_ authorize SynapsePay, as my agent, and SynapsePay's partner Bank(s) to debit ACH transactions out of my bank account(s) ending in \_\_\_\_\_ and my SynapsePay account(s) for the purpose(s) of \_\_\_\_\_.

I also acknowledge that I have read through and agree to SynapsePay's Terms of Service ("TOS") and Privacy policy located at <https://synapsepay.com/legal> to better understand my rights and obligations are with respect to SynapsePay and its partner Bank(s). I understand that by using SynapsePay I am providing electronic consent to such TOS as a SynapsePay user.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_