

GoKapital, Inc.

ACH Transmittal Authorization Form

Account Name: _____ EIN/SS #: _____
(Personal or Business - as it appears on your checks)

Address: _____
(as it appears on your checks)

Bank Name: _____ Account Type: _____ Checking _____ Savings

Account #: _____ Routing #: _____

AUTHORIZATION

I authorize GoKapital, Inc. to deposit or debit my Commissions to/from the bank account specified above. Should a transaction be returned, I further authorize debiting the above-mentioned account for non-sufficient fund fees according to applicable State Law. I understand that this authorization is to remain in full force and effect until GoKapital, Inc. has received written notification from me of its termination at least five (5) business days prior to the payment due date. I further understand that canceling my ACH authorization does not relieve me of the responsibility of paying my account in full, and that if I cancel or revoke this authorization before any remaining debt is paid in full, GoKapital, Inc. may take additional actions including legal actions to secure and recover the debt.

Applicant's Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK