



**eSellerate Publisher  
ACH Credit Authorization**

I (We) hereby authorize DR MyCommerce, Inc. dba eSellerate, hereinafter called COMPANY, to initiate credit entries for TYPE OF PAYMENT to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (We) acknowledge that the origination of ACH Transaction to my (our) account must comply with the provisions of U.S. Law

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

Type of Acct:  Checking  Savings

\_\_\_\_\_  
(Bank Country)

\_\_\_\_\_  
(9 digit ABA #)

\_\_\_\_\_  
(Account #)

\_\_\_\_\_  
(Account Holder Name)

This authority is to remain in full force and effect until DR MyCommerce, Inc. dba eSellerate has received written notification from me (or either of us) of its termination in such time and manner as to afford DR MyCommerce, Inc. dba eSellerate and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Publisher Name)

\_\_\_\_\_  
(Publisher ID)

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Individual ID # or SS #)

\_\_\_\_\_  
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

New  Change Received by COMPANY: \_\_\_\_\_

**e s e l l e r a t e**

Fax: +1 402-323-6611 / E-mail: accounting@esellerate.net