

ACH Debit/Credit Transaction Form

Vinoshipper Account Name

Full Business Name

I (we) hereby authorize Zero Link Markets, Inc. dba Vinoshipper.com (COMPANY), to initiate debit and credit entries from/to my (our) checking account at the depository financial institution named below, herein after called BANK.

BANK

Bank Name

Street Address

City

State

ZIP

Routing Number
9 Digits

Checking Account Number
5-17 Digits

ACCOUNT SIGNER

The authorization is to remain in effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act upon it.

Full Name

Title

Date

Signature