



Slingshot LLC
1500 S Western Ave.
Marion, IN 46953
accounting@slingshotedu.com

ACH Deposit Agreement

Customer Information

Name: Email:

Address: City: State: Zip:

Business ☐ Personal ☐ Phone:

ACH Authorization

I authorize Slingshot LLC, to deposit into my account for any one-time recurring payments up to the maximum amount listed below. I understand this authorization will remain in effect until it has been canceled in writing.

I agree to provide at least 15 days' notice of any changes to my account information if applicable.

To obtain more information about your recourse rights, you can visit www.nacha.org.

Account Information

Please attach a void check or fill out account details:

Bank Name: Routing: Account No.:

Date: Max Auth Amount: Checking ☐ Savings ☐

Signature: _____