



Authorization Agreement for  
Automated Clearing House Transactions  
(ACH Credits)

Company Name: \_\_\_\_\_

I hereby authorize Williams Gold & Silver LLC to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Williams Gold & Silver LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Williams Gold & Silver LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Bank Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Transit/ABA (Routing #): \_\_\_\_\_

Account #: \_\_\_\_\_ Checking \_\_\_\_\_ (or) Savings \_\_\_\_\_

Authorized Signature (Primary) \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Authorized Signature (Joint) \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Attach One Voided Check Here

Mail original documents to  
Williams Gold & Silver  
P.O. Box 97717  
Las Vegas, NV 89193-7717