

The Rideshare Company  
A Non-Profit Commuter Service Corporation  
100 Corporate Drive, Suite 120  
Windsor, CT 06095-2119



Tel: 800-972-3279 or 860-692-1234  
Fax: 860-692-1279  
www.easystreet.org

## CREDIT/DEBIT AUTHORIZATION

**Please print all information exactly as it appears on the bank/credit card account.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Account #: \_\_\_\_\_ Exp: \_\_\_\_\_

I authorize The Rideshare Company to charge recurring van fares and related expenses to the above account beginning

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

The Rideshare Company may charge my account for the total of fares and expenses incurred each month. I understand that I can revoke this authorization by giving 30-days written notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize The Rideshare Company to deposit reimbursements into my (select one):  Checking Account/  Savings Account at the financial institution named below, and to credit the same to such account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Bank's ABA/Routing number \_\_\_\_\_

My Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until The Rideshare Company has received written notification from me of its termination in such time and in such manner as to afford The Rideshare Company and my bank a reasonable opportunity to act on it.

Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE CUSTOMER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE RIDESHARE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Your authorization for Direct Deposits (ACH Credits) does not allow The Rideshare Company to make withdrawals from the named account.**