ACH PAYMENT AUTHORIZATION

RNUEVA360 LLC · Independent Sales Representative

FOR INDEPENDENT SALES REPRESENTATIVE COMMISSION PAYMENTS

Complete and sign this authorization only through the authenticated Rnueva360 portal.

Representative legal name

Business/entity name, if applicable

Email address

Name on bank account

Financial institution

Account type

☐ Checking ☐ Savings

Routing number

Account number

Authorization for ACH credits only

☐ I authorize RNUEVA360 LLC to initiate ACH credit transfers for approved Representative payments. This form does not authorize debits or withdrawals from my account.

Account holder signature

Date

Electronic signature completed in the portal.

SECURITY

Do not send passwords, access codes, balances, or transaction history. Do not email this form, W-9, identification, or bank proof through ordinary email or personal messaging.

Operations verifies payment details before the first commission payment.