

ACH DEBITS AUTHORIZATION

Authorization Agreement for Direct Payments (ACH Debits)

Company Name _____ Company ID Number _____

I (we) hereby authorize _____, hereinafter called Company, to initiate debit entries to my (our) account. Account (select one) indicated below at the depository Financial Institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Routing

Account

Number _____

Number _____

Type of Account [] Checking [] Savings

This authorization is to remain in full force and effect until 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 Depository a reasonable opportunity to act on it.

Name(s) _____

ID Number _____

Date _____

Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

TAPE YOUR VOIDED CHECK HERE
