

ACH Debit Authorization Agreement

DEBIT ACCOUNT INFORMATION

Personal or Business Name:

Personal or Business Address (Street, City, State & Zip): _____

Bank Name:

Bank Address (Street, City, State & Zip):

Bank Routing Number (between symbols |: |: on bottom left corner of check): _____

Account Number: _____ Checking Savings

Account Type: Personal (Consumer)
Business

Payment Amount: \$ _____

Payment Frequency:

- Monthly 1st
 Monthly 15th

****Please attach a voided check or savings deposit slip****

AUTHORIZATION

I, (name) _____, authorize (company) _____ to initiate automatic debit entries to the account at the bank listed above. I authorize the initiation of credit entries, if necessary, to complete adjustments for any duplicate or erroneous entries made in error to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This Authorization Agreement will remain in effect until I notify you in writing to cancel or change it, and in such time, as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed Authorization Agreement.

Name (Please Print)

Signature of Debiting Account Holder Date