

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date: _____

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Recurrence _____ (weekly, monthly, etc.) Number of transfers: _____

Start Date: _____ (This is the initial date of the 1st ACH)

Day of month or week for recurring transfers: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Include a voided copy of a check drawn on the referenced account.