

Authorization for Direct Payment via ACH (ACH Debit)

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize _____ (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account
- Savings Account

at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____
Routing Number _____
Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____.

Date(s) and/or frequency of debit(s): _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY (in writing PS by phone, location, address, etc.) that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least _____ days/weeks prior notice in order to cancel this authorization

Name(s)

(Please Print)

Date

Signature(s)
