

ACH AUTHORIZATION TO DEBIT PAYMENTS

I (we) hereby authorize _____ (Company), to debit entries to my (our) account indicated below and the financial institution (Bank) named below to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Bank name) (Branch-if applicable)

(Address) (City/State) (Zip)

(Routing/Transit number) (Account number) ☐ Checking ☐ Savings
(Type of Account)

This authority 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 manner as to afford Company and Bank a reasonable opportunity to act on it.

(Name)

(ID number – if applicable)

(Signature)

(Date)

(PLEASE ATTACH COPY OF VOIDED CHECK HERE)