

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our):

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings Account  
(select one)

indicated below at the depository financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to them must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Amount or Range

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Frequency

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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
I D 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.**

**PLEASE ATTACH A VOIDED CHECK FOR ROUTING/TRANSIT AND ACCOUNT NUMBER VERIFICATION.**