



Authorization Agreement For Direct Payments (ACH Debits)

Company Name _____ Company ID # _____

I (we) hereby authorize, _____ hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ Checking ☐ Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/ or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. Law.

Depository Name _____

City _____ State _____ Zipcode _____

Transit ABA No. _____ Monthly Payment Pull Date _____
Account Number _____

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 such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID Number _____

Date _____

Signature _____ Signature _____