AUTHORIZATION
FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize _____ ("COMPANY") to initiate debit entries to transfer funds from my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable law.

Depository Bank Name/Branch Office **Address**

City **State** **Zip**

Depository's Transit Routing Number

Account Number

Name(s) on Account **Address**

City **State** **Zip**

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

This authorization shall remain in full force and effect until Company has received notification from me (or either of us) of its termination [_____]. [1] (*Enter time and manner that notification must be given in order to provide company and depository financial institutions a reasonable opportunity to act on notice of termination i.e. a written statement any time before the debit is processed.)*

Signature **Date**

Signature **Date**

[1] *Written credit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*