



ACH Direct Debit Authorization

I (we) hereby authorize _____, hereinafter called “Company”, to initiate debit entries and, if necessary, debit correction and adjustment entries to my(our) account at the financial institution listed below.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing & Transit Number)

(Account Number)

(Account Type: Checking/Savings)

This authority is to remain in full force and effect until “Company” has received written notification from the recipient of its termination in such a time and manner as to afford “Company” a reasonable time to act upon it.

(Printed Name)

(Recipient Signature)

(Date)

(Please attach a voided check or financial institution account verification letter to this form.)

