**Authorization Agreement For**

**Automated Clearing House Transactions**

**(ACH Debits)**

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| **ACH Authorization** |
| Individual / Company Name: |       | Individual / Company ID #: |       |
| I (we) hereby authorize: |      , | hereinafter called COMPANY/INDIVIDUAL, 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 named below, hereinafter called |
| DEPOSITORY, to debit and/or credit the same to such account. |

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| --- |
| **Bank Information** |
| DEPOSITORY NAME: |       | Branch:(if applicable) |       |
| City, State, ZIP: |       |  |
| Transit/ABA No:(“Routing #”) |       | Account #: |       |

|  |
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| This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s):*Please print* |       | SSN: |       |
|  |  |       |
| **Signature(s)** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| I (we) wish for this transaction to take place starting on: |       | and to recur: |
| [ ]  once a month, [ ]  every two weeks, [ ]  other: |  |

CHECK ONE: I am not currently participating in the Automated Payment Program.

 [ ]  ADD – Debit the account shown.

 I am currently participating in the Automated Payment Program.

 [ ]  CHANGE – Change financial institutions and/or account number.

**TAPE VOIDED CHECK HERE**

**[Voided check not necessary, but recommended]**

***Once you’ve made any changes, provide this form to companies/organizations/individuals where you would like to draft their bank account for payment. Have them complete the form and return to you.***

***[DELETE THIS SECTION BEFORE DISTRIBUTING]***