

## Authorization Agreement For Automated Clearing House Transactions (ACH Credits)

ACH Authorization			
Individual / Company Name:		Individual / Company ID #:	

I (we) hereby authorize: \_\_\_\_\_, hereinafter called COMPANY/INDIVIDUAL, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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 – Credit 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 that you would like to pay electronically. Have them complete the form and return to you.*

**[DELETE THIS SECTION BEFORE DISTRIBUTING]**