



## AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS)

I (We) authorize \_\_\_\_\_ (“COMPANY”) to electronically debit my (our) account (and, if necessary, to initiate Reversing Entries to correct erroneous transactions or to electronically credit my (our) account to correct erroneous debits) for (select one):

- a single (one time) entry
- recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)
- subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries

at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transaction I (we) authorize comply with all applicable laws.

**Account Type:**  Checking  Savings

**Depository Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

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

**Date(s) including the start date and/or frequency of debits:** \_\_\_\_\_  
\_\_\_\_\_

**Action(s) the Receiver must take to initiate a subsequent entry to a standing authorization:** \_\_\_\_\_  
\_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY that I (we) wish to revoke this authorization. Notification may be provided in the following manner(s) (check all that apply):

- In writing by mail to \_\_\_\_\_
- Through email by emailing \_\_\_\_\_
- By phone by calling \_\_\_\_\_
- In person at \_\_\_\_\_

I (we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

**Receiver’s Name(s):** \_\_\_\_\_  
*(Please Print)*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_