

ACH DEBIT AUTHORIZATION Form

AUTHORIZATION AGREEMENT – For Pre-Arranged Payments (ACH Debits)
Company Name:
I (we) hereby authorize:

hereinafter called COMPANY, to initiate debit entries to my (our) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NOTE: The dollar amount indicated will be drawn from account indicated below on the last business day of each month.

Recurring Set Amount:	Range: Minimum \$ _____	
\$ _____	Maximum \$ _____	
Depository Name	Depository Address	
Account Type	Transit / ABA Number	Account Number
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<hr style="border-top: 1px dashed black;"/>	<hr style="border-top: 1px dashed black;"/>

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Please attach a voided check for account verification purposes.	Date: _____, 20__
Name (please print)	Name (please print)
Signature	Signature