

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS VIA ACH (ACH DEBITS)

I (we) hereby authorize _____ (“Company”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) from my (our) Checking or Savings Account indicated below at the depository financial institution named below (“Depository.”) I (we) agree that ACH transactions authorized herein shall comply with all applicable US Law.

Check all that apply: New Change Information

DEPOSITORY INFORMATION ¹
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Depository Name:

Account Type: Checking Savings

Transit/Routing Number :

Account Number:

This authorization shall remain in full force and effect until I (we) notify Company ² that I (we) wish to revoke this authorization. I (we) understand that the Company requires at least ³ prior notice in order to cancel this authorization ⁴.

Account Name (1):			
Signature (1):		Date:	

Account Name (2):			
Signature (2):		Date:	

¹ Enclose a voided check with this authorization.

² Manner of revocation, i.e., By email, in writing, by phone, at location, via mail at address, etc

³ Number of days or weeks

⁴ Written debit authorization must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to the notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g. “In writing by mail to 100 Main St., Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization.)