



P.O. Box 3046
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ACH DEBIT AUTHORIZATION

NAME		
ADDRESS		
CITY	STATE / ZIP	

DEPOSITORY NAME			
ROUTING #		ACCOUNT #	☐ CHECKING ☐ SAVINGS
CITY	STATE / ZIP	* Please attach copy of voided check to this form.	

START DATE		FREQUENCY	☐ SINGLE	☐ DAILY	☐ WEEKLY	☐ BI-WEEKLY	☐ MONTHLY
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AMOUNT	
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* If the debit is recurring and the date of the debit falls on a non-banking day, the debit may post to your account on the next banking day and will not post to your account prior to the authorization date.

NOTE: For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten (10) calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven (7) calendar days in advance of the debit.

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY 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.

NAME
TITLE

ID #

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

SIGNATURE
DATE