

Consumer Authorization for Direct Payment via ACH
(ACH Debits)

I (we) hereby authorize _____ (COMPANY) to initiate automatic payment entries by debiting my (our) account on or after the date indicated below, for the purpose of _____ payments as determined in our agreement, for:

- A Single (one-time) entry
- Recurring entries

Customer Information:

Customer account number (or reference #) with COMPANY: _____

Name(s): _____

Address: _____

Contact phone 1: _____ Contact phone 2: _____

Bank Information:

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Account type: ___ Checking ___ Savings

Payment Terms:

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: _____ Frequency: _____

Note: If at any time I (we) decide to discontinue this payment service for any reason, I (we) will notify COMPANY in writing of such at least 10 days prior to the next scheduled date. I acknowledge the origination of this debit transaction to my account must comply with the provisions of U.S. law.

Should my financial institution not honor a payment, it is understood that I will make the payment in a timely manner for the amount of said payment plus any service charge in the form of cash, check or money order, to replace the automatic payment.

Signature

Date

*****PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION*****

For office use only: Date received: _____ Start Date: _____
Emp initials: _____ Date changed: _____ Termination Date: _____
**retain authorization for 2 years after termination date*