Authorization for Automatic Payment
Automated Clearing House Debit, ACH

Company Name:

Address:

City: State: ZIP:

I/We hereby authorize DebitFire to initiate debits (and/or corrections to previous debits) to the Financial Institution below, to charge the amount thereof (not to exceed $_____) to my/our account indicated below:

◯ Checking Account **OR** ◯ Savings Account

Routing# Account# Fractional Transit#

Financial Institution:

Address:

City: State: ZIP:

Please attach a voided check for the account being used.

PLACE VOIDED CHECK HERE

This authority is to remain in full force and effect until you have received written notification from me (or another authorized signer) of its termination.

NOTE All ACH's are forwarded electronically to our financial institution which processes it through the clearinghouse of the Federal Reserve Bank; your bank then debits your account. **It is your responsibility to verify that the appropriate debit occurred.**

Signature Date

Print Name Title