

# ACH Authorization Form

## *CREDIT/DEBIT AUTHORIZATION FORM*

I (we) hereby authorize **Youth Empowerment Services, Inc.** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

*Please complete 1-11 with your business and financial institution information:*

1. \_\_\_\_\_

(Name/Business Name- PLEASE PRINT)

2. \_\_\_\_\_

(Address - PLEASE PRINT)

3. \_\_\_\_\_ 4. \_\_\_\_\_

(Email Address)

(Phone)

5. \_\_\_\_\_ 6. \_\_\_\_\_

(Your business contact name)

(Date)

7. \_\_\_\_\_

(Name of Financial Institution)

8. \_\_\_\_\_

(Address of Financial Institution - Branch, City, State, & Zip)

9. Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

10. Financial Institution Routing Number: \_\_\_\_\_

11. Checking/Savings Account Number: \_\_\_\_\_

(Please circle one)

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ  
Routing Number Account Number

These numbers are located on the bottom of your check as follows

OFFICE USE ONLY -test confirmation date: