

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: _____

Effective the _____ day of each month, I(We) hereby authorize _____,
hereinafter called COMPANY, to initiate debit entries to my (our)

(Select One)

[☐] Checking Account [☐] Savings Account

indicated below at the depository institution name below, hereinafter called BANK, in the amount of
\$ _____.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

(9 digit number on left bottom portion of check)

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 manner as to afford COMPANY and BANK reasonable opportunity to
act upon it.

**If two signatures are required on your account, then both must sign this agreement and have it certified by
your Bank.**

Name(s): _____
Please print Please print

Address: _____
Street City State Zip

Signature(s): _____

Date: _____ Daytime Phone Number _____

- ***Please note: To insure accuracy, you MUST attach a VOIDED check from the account identified above.***
- ***If not, please provide your Bank's Guarantee next to your signature.***