

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)

Company Name _____ **Acct #** _____

I authorize the above-named Company to initiate entries to the account indicated below as follow:

- 1) They may initiate DEBIT entries, which removes money from my account, from payments I owe, according to the schedule and other conditions to which the Company and I have agreed.
- 2) They may initiate CREDIT entries to reverse any transactions they originated to my account in error.

Name(s) _____
(PLEASE PRINT)

Bank Acct. Number _____

Bank Routing Number _____ (nine digits)

Day of month 15th of the month only **Amount to Draft \$** _____ **or** _____ **Full Amount**

Name of Depository
Financial Institution _____

Location of Depository Financial Institution:

City _____ **State** _____ **Zip** _____

This authority is to remain into effect until the Company has received written notification of its termination and had a reasonable opportunity to act upon it.

Date _____ **SIGNED** _____

***DO NOT USE A DEPOSIT SLIP:** Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct bank, resulting in delays in the posting of your payment.

*** PLEASE PROVIDE A VOIDED CHECK IF POSSIBLE***