



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS via ACH

Direct Payment is the use of funds for making a payment. Individuals or organizations can send or receive a Direct Payment as an ACH credit or debit. Any ACH payment that is not a Direct Deposit is a Direct Payment

I (we) hereby authorize \_\_\_\_\_, hereinafter called "COMPANY", to initiate debit entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing & Account  
Transit Number \_\_\_\_\_ Number \_\_\_\_\_

Account Type:	Checking/Draft	Savings/Share
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Amount to Debit: \$ \_\_\_\_\_ Date to Debit \_\_\_\_\_

Recurrence:	Quarterly	Monthly	Weekly	One Time
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I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

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 a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Account Holder  
Name(s) \_\_\_\_\_ (Please Print) \_\_\_\_\_ ID Number \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**Please attach a voided check or financial institution account verification document to this form.**  
**Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**