AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Merchant Name: _____ Merchant ID Number: _____

I (we) hereby authorize _____, herein called Company, to initiate debit entries to my (our): ☐ Checking Account / ☐ Savings Account (*select one*) indicated below at the depository financial institution named below, herein called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

ACH Payment Is For the Following Item(s)	Amount(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

This authority 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 time and in such manner as to afford Company and depository a reasonable opportunity to act on it, or until the following amount has been collected $_____

Name(s) _____ ID Number _____
(Please print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.