



## 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 total above has been collected in full.

Name(s) \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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