ACH Debit Authorization Form

I (we) authorize _____("Company") to electronically debit my (our) account and if necessary, electronically credit my (our) account to correct an erroneous debit as follows:

Section One:

- ☐ Checking Account
- ☐ Savings Account

at the financial institution named below. I (we) agree that ACH (electronic) transactions I (we) authorize comply with the agreement with the "Company) listed above.

Financial Institution: _____

Routing Number: _____ Acct # _____

Account Number to Debit: _____

The amount of debt(s) dollar amounts authorized: _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the "Company" above in writing that I (we) wish to revoke this authorization. This notification should be given to allow ample time to process the request.

Name(s) _____ Date _____

(Please Print) _____

Signature(s) _____

Please provide a VOID check for verification of information. Not all banks use the Routing Number on a check for ACH processing. You will need to verify with your financial institution.

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