

## ACH CREDIT/DEBIT AUTHORIZATION FORM

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### AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (The Company) to initiate electronic entries to my Checking / Savings account(s) at the financial institution listed below (The Financial Institution), and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it at least \_\_\_\_ days in advance of the next scheduled transaction as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

I understand this information will be used solely for the purpose of the Automatic Payment Service. I (we) agree that ACH transactions comply with all applicable laws.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Name [Please Print]

\_\_\_\_\_  
Address [ Please Print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### ACCOUNT INFORMATION

\_\_\_\_\_ Checking Account      \_\_\_\_\_ Savings Account

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

[ ATTACH VOIDED CHECK IF POSSIBLE ]

This Authorization Form must be signed and maintained by The Company for two (2) years after the termination/revocation of the authorization. Upon written request of the Receiving Depository Financial Institution (RDFI), The Company must be able to provide the original, or copy of the customer's authorization within ten banking days.