



**AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)**

Company Name _____ Company ID Number _____

I (we) hereby authorize _____, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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 _____

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 time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it (**30 days**).

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

Date _____ Signature _____

Attach a VOIDED check in the box below to ensure correct entry of bank information.