

ACH Authorization Agreement – Direct Deposits

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS/DEBITS)
Company Name _____

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate credit/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 credit/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 Code _____
Routing Number _____ Account Number _____ Amount _____
Routing Number _____ Account Number _____ Amount _____
Routing Number _____ Account Number _____ Amount _____

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.

Name(s) _____
Tax Identification Number _____
Date _____
Signature _____

NOTE: All written Credit/Debit Authorizations must provide that the signer may revoke the authorization only by notifying the originator in the manner specified in the authorization.