

## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

### (ACH DEBITS)

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (we) authorize \_\_\_\_\_ ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one)

☐ a single (one-time) entry

☐ recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

☐ subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries

as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institutions ("DEPOSITORY") name below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

**Depository Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:** \_\_\_\_\_

**Date(s) including the start date and/or frequency of debit(s):** \_\_\_\_\_

**Action(s) the Receiver must take to initiate a subsequently entry to a standing authorization:**

\_\_\_\_\_  
I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [X days/weeks] prior notice in order to cancel this authorization.

**Receiver's Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature(s)** \_\_\_\_\_