

ACH Authorization Form

Business to Debit/Credit Account

Authorized Business Name

Authorized Business Phone Number

Authorized Business Address

City

ST

Zip

Account Holder Information

Account Holder Name

Account Holder Business Name (if business account)

Account Holder Phone

Account Holder Address

City

ST

Zip

Account Holder's Bank Information

Account Holder's Bank Name

Branch City

ST

Zip

Bank Routing Number (9 digits)

Bank Account Number

Account Type: Business Checking

Personal Checking

Savings



How to find your Routing and Account Numbers on a check

Payment Information

Payment Type: Debit Credit

Description/Goods Purchased/Services Rendered

Recurring: No

Yes

Payment Date

First Payment Date

Recurring Payment Date

or Indefinite
Number of Payments

\$ _____
Amount of Payment

Weekly Biweekly Monthly Quarterly Semi-annually Annually
Frequency

\$ _____
Amount per Payment

\$ _____
Add to First Payment

\$ _____
Add to Last Payment

Authorization

Single Use

I hereby authorize the above named Business to Debit or Credit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked

I hereby authorize the above named Business to Debit or Credit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder

Print Name of Account Holder

Date

