

ACH Authorization Form

Business to Debit/Credit Account

 Authorized Business Name Authorized Business Phone Number

 Authorized Business Address City ST Zip

Account Holder Information

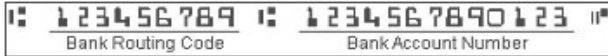
 Account Holder Name Account Holder Business Name (if business account) Account Holder Phone

 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: <input type="checkbox"/> No _____ Payment Date \$ _____ Amount of Payment	<input type="checkbox"/> Yes _____ First Payment Date Recurring Payment Date _____ or _____ Indefinite Number of Payments _____ Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually Frequency \$ _____ \$ _____ \$ _____ Amount per Payment Add to First Payment Add to Last Payment
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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

