ACH ORIGINATION DEBIT/CREDIT
AUTHORIZATION FORM

I (We) hereby authorize _____ (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel this ACH within 15 days of the effective date.

CREDIT: **DEBIT:**

_____   _____
Name   Name

_____   _____
Address   Address

_____   _____
City   State   ZIP   City   State   ZIP

****

Financial Institution   **Financial Institution**

_____   _____
ABA Routing Number   **ABA Routing Number**

_____/_____   _____/_____
Account Number / Account Type   **Account Number / Account Type**

$_____.____   _____ of every month beginning _____
Amount of ACH   **Date of ACH**

****

_____   _____
Signature   Date   Social Security No. / TAX ID No.

Termination Of This Agreement

Effective _____ _(date) the undersigned cancels this ACH._

Signed _____