

**Consumer Authorization for Direct Payment via ACH
(ACH Debit)**

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) as follows:

Checking Account/Savings Account (circle one) at the depository financial institution named below (DEPOSITORY). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

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) and/or frequency of debit(s): _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify _____ (COMPANY) in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least _____ days/weeks (circle one) prior notice in order to cancel this authorization.

Name (s) _____
please
print

Date: _____ Signature(s) _____