

# CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDIT)

*Direct Deposit via ACH is the deposit of funds to a consumer's account for payroll, employee expense reimbursement, government benefits, tax and other refunds, and annuities and interest payments.*

**Check all that apply:**    ☐ Begin Deposit    ☐ Change Information    ☐ Split Among Multiple Accounts

I have provided information for each of my accounts below.

I (we) authorize \_\_\_\_\_ ("COMPANY") to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

## Account #1

☐ Checking Account/☐ Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

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

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

Name(s) on the Account: \_\_\_\_\_

Amount of credit (i.e., flat amount or percentage): \_\_\_\_\_

Date(s) and/or frequency of credit(s): \_\_\_\_\_

## Account #2

☐ Checking Account/☐ Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

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

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

Name(s) on the Account: \_\_\_\_\_

Amount of credit (i.e., flat amount or percentage): \_\_\_\_\_

Date(s) and/or frequency of credit(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 five (5) business days prior notice in order to cancel this authorization.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_