

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize _____ [company name] _____ (“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 (select one) at the depository financial institution listed 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): _____

Date(s) and/or frequency of debit(s)¹: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation: e.g. *by calling (000)-555-5555 at least three (3) business days prior to the proposed effective date of the termination of authorization, OR: in writing by mail to 100 Main Street, Anytown, NY, 12345, that is received at least three (3) business days prior to the proposed effective date of the termination of authorization.*] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [*X business days/weeks*] prior notice in order to cancel this authorization.

Name: _____

Signature: _____

Name: _____

Signature: _____

¹ If the agreed upon date(s) and/or frequency of debit(s) falls on a Sunday, legal holiday or other day that we are not open for business, we will process your payment on the next available business day.