

Direct Payment Authorization

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT – ACH DEBIT

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

I authorize _____ to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account(s) indicated below and the financial institution(s) named below.

Financial Institution

Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Checking Savings

Amount to Debit _____

Start Date _____

Debit Frequency _____

This authority is to remain in full force and effect until I notify _____ by phone or in writing at least three (3) days prior to the effective date of the transaction.

ATTACH VOIDED CHECK

Debit Account Owner Name _____

Debit Account Owner Signature _____ Date _____

This form is illustrative only and is not intended to provide legal advice.