

AUTHORIZATION AGREEMENT FOR ACH Debits

I, the undersigned participant, hereby authorize _____ (hereinafter called **COMPANY**) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to debit and/or credit the same to such account.

This authority is to remain in full effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** or **BANK** a reasonable opportunity to act on it, or until **COMPANY** has sent me ten (10) day written notice of **COMPANY** termination of this arrangement.

PARTICIPANT INFORMATION

NAME: _____ BY: _____
Please type or print Participant's Signature
Account #: _____ DATE: _____

BANK ACCOUNT INFORMATION (Attach copy of voided check)

Bank Name: _____ Bank Account #: _____
Bank 9-digit ABA Transit Routing #: _____ [] Checking **OR** [] Savings

COMPANY INFORMATION

Company Name: _____ Company Tax ID #: _____

Attach
voided
check
here

Jane M. Doe
John P. Doe
2020 Main Street
Anywhere, PA 12345-6789

60-142
313

101

DATE _____

PAY TO THE ORDER OF _____

SAMPLE CHECK DOLLARS

MEMO _____

ψ: 031301422ψ:

4321 98765 ξξ^v 101

Bank 9-digit ABA Transit
Routing Number

Account Number