

ACH Debit Authorization Form

Business to Debit Account

 Authorized Business Name Authorized Business Phone Number

 Authorized Business Address City ST Zip

Account Holder Information

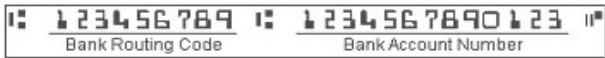
 Account Holder Name Account Holder Business Name (if business account) Account Holder Phone

 Account Holder Address City ST Zip

Account Holder's Bank Information

 Account Holder's Bank Name Branch City ST Zip

 Bank Routing Number (9 digits) Bank Account Number Account Type: Business Checking
 Personal Checking
 Savings



How to find your Routing and Account Numbers on a check

Payment Information

_____ Description/Goods Purchased/Services Rendered

Frequency: <input type="checkbox"/> One-Time _____ Payment Date _____ Amount of Payment	<input type="checkbox"/> Recurring _____ or _____ Open Ended First Payment Date Number of Payments \$ _____ or _____ Variable Amount Amount per Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
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Authorization

Single Use
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

 Signature of Account Holder Print Name of Account Holder Date