



**Automatic ACH Debit Agreement**

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The undersigned hereby authorizes Pathward, N.A., to initiate debit entries to make payment on account, and to initiate, if necessary, credit entries and adjustments for any entries made in error, to the account and financial institution named below, and to debit and/or credit the same to such account.

This authority is to remain in full force and effect until such time as all obligations owing from the undersigned to Pathward N.A. are indefeasibly repaid in full.

Financial Institution:	_____	Branch:	_____
City:	_____	State & Zip:	_____
Transit/ABA #:	_____	Account #:	_____
Type of Account:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
Bank Contact Person:	_____	Phone #:	_____
Contract E-Mail:	_____		

As of \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

For Organizations (Corporations/LLC/Proprietorship/partnership)

By \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\* Please attach a voided check from the account referenced above \*\*\*\*\*