

ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)		
Company:	(herein re	ferred to as "Company")
Address		
I (we) hereby authorize Company to initiate debit entries from my (our):		
Checking Account		
Savings Account	Sales Orde	er/Invoice:
Please debit my (our) account for:	(description	n identifying withdraw)
indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.		
Depository		
Name	Branch	
City	State Zip	
Routing Number	Account Number	
This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.		
Depositor Name		
Signature	Date	
Name & Title		
Signature	Date	
Name & Title		
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION		



Attach voided check here: