

ACH Authorization Form

Business to Debit/Credit 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 _____

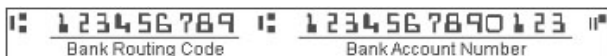
Bank Routing Number (9 digits) _____

Bank Account Number _____

Account Type: Business Checking

Personal Checking

Savings



How to find your Routing and Account Numbers on a check

Payment Information

Payment Type: Debit Credit _____

Description/Goods Purchased/Services Rendered _____

Frequency: One-Time

Recurring

Payment Date _____

First Payment Date _____

_____ or Open Ended

Number of Payments _____

Amount of Payment _____

\$ _____ or Variable Amount

Amount per Payment _____

Frequency: Weekly Bi-weekly Monthly

Quarterly Semi-annually Annually

Authorization

Single Use

I hereby authorize the above named Business to Debit or Credit 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 or Credit 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 _____