

**CONSUMER AUTHORIZATION
FOR DIRECT PAYMENT VIA ACH**
(ACH DEBITS)

Account Type (*select one*):

Checking Account # _____
 Savings Account # _____

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize _____ (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

Checking Account/ Savings Account (*select one*) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account Ownership Type (*select one*): Consumer
 Non-Consumer

Account Title: _____

Depository Name: _____

Routing Number: _____ Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Begin date: _____ Frequency: _____ End Date: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing by mail to _____ that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least five (5) days prior to the proposed effective date of the termination of authorization in order to cancel this authorization.

Printed Name(s) _____

Signature(s)/Date _____

¹ The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.