

Authorization for Electronic Funds Transfer (EFT) via Automated Clearing House (ACH)

Debit(s)

Credit(s)

INSERT ORIGINATOR/COMPANY NAME/LOGO

ADDRESS

PHONE NUMBER

I, hereby authorize \_\_\_\_\_, the "Company," to initiate ACH Debits and/or Credits to my checking and/or savings account, in the amount(s) specified below and in accordance with the payment terms listed. This authorization applies on the following basis:

One-Time Authorization (Single Transaction)

Recurring/Standing Authorization

on the \_\_\_\_\_ day of each:  Week  Month  Year

Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

If the above noted payment date falls on a weekend or Federal Holiday, I understand that the payment(s) may be executed on the:  next business day  prior business day.

**ACH Debit Entries.** If the ACH Transaction is rejected for Non-Sufficient Funds (NSF), I understand that the Company may, at its discretion, attempt to reinitiate the charge in accordance with the National Automated Clearing House (NACHA) rules. Additionally, the Company may also assess a fee for the reinitiation of these entries.

\$ \_\_\_\_\_ Reinitiation of NSF entries

I certify that I am an authorized user of this bank account, and I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the Company of any changes to my account information or termination of this authorization at least \_\_\_\_\_ days prior to the next billing date.

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

Amount:  Fixed \$ \_\_\_\_\_  Variable, include calculation method below

Variable Amount Calculation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date