

Authorization Agreement for Direct Debit (Payment)

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Account. Account indicated below at the 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 provisions of U.S. law. 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.

TYPE OF BANK ACCOUNT:

- ☐ Checking account ☐ Savings account
☐ Business Account (*Check this box only if the checking or savings account is a business account*)
☐ I have a Debit Filter or Debit Block on this account. Please provide your ACH ID to inform my bank in order to allow this debit to process as authorized.

BANKING INFORMATION:

Financial Institution Name (Please Print) _____

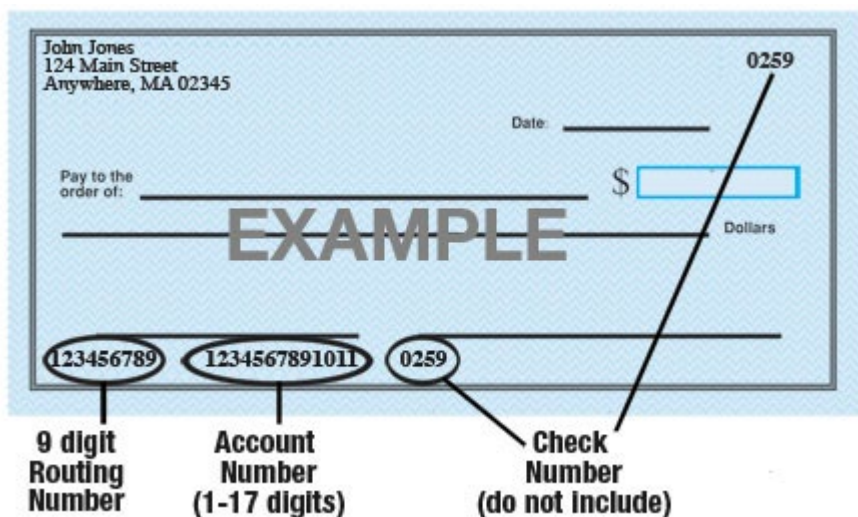
Financial Institution City, State and Zip Code _____

Name on Account _____

Account Number _____

9-Digit Routing Number _____

Effective Date of Transfer _____ Frequency of Transfer _____ Amount \$ _____



Please attach a voided check for each bank account to which funds should be deposited.

**Do not use deposit ticket routing number for direct deposit as it may be different.*

- If monthly payment amount varies, the company must send the customer written notification of the payment amount 10 calendar days prior to the scheduled payment date (PPD debits only).
- If the company changes the date on a recurring payment the company must send the customer written notification at least 7 calendar days prior to the scheduled payment date (PPD debits only).
- I understand this authorization will remain in full force and effect until I give written notice to COMPANY within 6 business days or more before payment is schedule to be made with the intent cancel this authorization.

I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the ACH debit on behalf of said company, and that the signature below is my own proper signature.

Signature _____ Date _____