



Direct Payment (Debit) Authorization Form – ACH

I, _____, certify that I am an Agent on the checking account listed below, and I hereby authorize _____ and its Agents, including Financial Institutions, to initiate Debit entries and if necessary Credit entries and adjustments for any Debit entries made in error to the account listed below. This agreement will remain in effect until Payor is notified of its cancellation in writing and Payor and its Agents have had a reasonable time to effect such cancellation.

Name on Account		Account Number	
Financial Institution Name		Financial Institution Routing/Transit Number	<input type="text"/>

Type of Account: Checking Savings

Account Owner Authorization

Legal Account Name		
Signature		
Date		
(Optional) ID Number Assigned	Client use only:	Received by:

Please staple a voided check, or a photocopy of a check, for the account to be debited below. (NO DEPOSIT SLIPS ACCEPTED)

A completed Direct Payment Authorization form must be kept on file for each participant in the Direct Payment program.