

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I authorize \_\_\_\_\_ ("COMPANY") to electronically debit my account (and if necessary electronically credit my account to correct erroneous debits) as follows:

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

Depository Name \_\_\_\_\_

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

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

Amount of debit(s) \_\_\_\_\_

Date(s) and/or frequency of debit(s) \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify the COMPANY by phone or in writing that I wish to revoke this authorization. I understand that COMPANY requires at least five business days prior notice in order to cancel this authorization.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_