

Direct Payment via ACH Authorization

I authorize _____, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Account Detail

Financial Institution Name:		
City	State	Zip
Routing Number		
Account Number		
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Payment Details

<input type="checkbox"/> Fixed Payment	Dollar Amount \$			
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
<input type="checkbox"/> Variable Payment	<input type="checkbox"/> Debit Payment Range \$ _____ to \$ _____			
	<input type="checkbox"/> Amount shown on Invoice or Statement			

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Signature: _____
 Print Individual Name: _____
 Individual ID Number, if applicable: _____
 Date: _____

If checked, attach a copy of a voided check or proof of account ownership to this form