

DIRECT DEBIT AUTHORIZATION AGREEMENT

New

Change

Cancel

COMPANY INFORMATION

Company Name: _____

CUSTOMER INFORMATION AUTHORIZATION

I (we) authorize the company named above to electronically debit my (our) accounts as outlined below:

Amount of Debit: \$ _____

Date of First Debit: _____

Frequency of Debit: _____ OR Other: _____

If Amount, Date or Frequency varies, the following method of determining amounts, date and frequency are outlined as follows:

To the extent permitted by law, in the event that Company debits funds erroneously from my account(s), I authorize Company to credit my account for any amount not to exceed the original amount of the erroneous debit.

I understand that I have the right to refuse consent or revoke authorization at any time and I have the right to make a payment to Company by other means. This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and manner as to afford Company and Bank reasonable opportunity to act on it.

Full Legal Name: _____

Signature: _____ Date: _____

ACCOUNT INFORMATION

Bank Name: _____

Routing #: _____ Account#: _____

Choose Account Type: Checking Savings

*For a checking account, **attach a voided check**, not a deposit slip. If you do not have a check, ask your bank for one or provide an account verification letter from your Bank verifying the name(s) on the account, the Bank Routing Number (9-digit ABA Number that can receive ACH credits) and your account number.*