

ACH Debit Authorization Agreement Form

ACH DEBIT AUTHORIZATION

Instructions for Completion & Completed Sample Form

- A = Full Company Name
B = Company's (Fed) ID Number
C = Company Name
D = Financial Institution which will receive the debit transactions
E = Financial Institution's address
F = Financial Institution's transit/ABA number
G = Checking or Savings account number
H = Date the Authorization Agreement is completed
I = Account owner's Social Security number
J = Account owner's printed name and signature
K = Joint account holder's printed name and signature. If a joint account, information on both account holders is required on the Authorization Form.

AUTHORIZATION AGREEMENT – FOR AUTOMATIC PAYMENTS (DEBITS)		
Company: A = Lutheran Social Services		COMPANY ID NUMBER B = 39-0816846
I hereby authorize Lutheran Social Services of WI & Upper Michigan, Inc., hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY. In the event of any erroneous debit initiated by COMPANY, I have the right to have the amount immediately credited to our account by DEPOSITORY, provided I send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY DEPOSITORY a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account.		
DEPOSITORY NAME D = M & I Marshall & Isley Bank	BRANCH	TRANSIT/ABA NUMBER F = 0750-0051
CITY, STATE, ZIP E= Milwaukee, WI 53202		ACCOUNT NUMBER G = 001-12-1234
FREQUENCY/DATE OF PAYMENTS		DOLLAR AMOUNT \$xxx.xx
TYPE OF ACCOUNT (Select One) ☐ CHECKING ☐ SAVINGS		
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination.		
DATE H = MM-DD-YY	IDENTIFICATION NUMBER I = 123-45-6789	
NAME (PLEASE PRINT) J = John Smith		NAME (PLEASE PRINT) K = Mary Smith
SIGNATURE <i>John Smith</i>		SIGNATURE <i>Mary Smith</i>
113-112 NIP (12/93)		