ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize_____(THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State, & Zip)

_____   _____
(Signature)   (Date)

_____
(Name - PLEASE PRINT)

_____
(Address - PLEASE PRINT)

Set Amount:_____or Maximum Amount: _____

Financial Institution Routing Number:_____

Checking/Savings Account Number:_____