

ACH Authorization Form

Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize:

Company Name: _____

to initiate automatic withdrawals from my:

☐ Checking Account ☐ Savings Account

at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Bank Information

Bank Name:

Routing Number:

Account Number:

Account Type: ☐ Checking ☐ Savings

Payment Details

Amount: \$_____ ☐ Fixed ☐ Variable

Frequency: ☐ One-Time ☐ Weekly ☐ Monthly ☐ Other: _____

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Start Date:

End Date (if applicable):

Authorization

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the Company in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. If a payment date falls on a weekend or holiday, I understand the payment may be executed on the next business day.

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Printed Name:

Signature:

Date:

Phone Number:

Email Address:

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