

Direct Payment via ACH Authorization

I authorize _____, herein 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: _____ Checking _____ Savings (Please check one)

Payment Details (Select Fixed or Variable)

Fixed Payment: _____ Yes _____ No Dollar Amount \$ _____

Frequency: _____ Daily _____ Weekly _____ Monthly _____ Other (Please check One)

Start Date: _____

Variable Payment: _____ Debit Payment Range \$ _____ to \$ _____

_____ Amount Shown on Invoice or Statement

Start Date: _____

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: _____

Printed Name: _____

Individual ID Number, if applicable: _____

Date: _____

Attach a copy of voided check or proof of account ownership to this form