

*This document is intended as a sample only. All agreements should be reviewed by legal counsel prior to implementation. This sample authorization form contains the information required by the Nacha Operating Rules to be a valid authorization form. It is suggested Third-Party Senders also provide this for their Originators to use as a sample debit authorization form between the Originator and their customer; the form may be modified but the content should include all information listed below.*

## DEBIT AUTHORIZATION FORM

I (we) hereby authorize (Company), hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the (Financial Institution) named below, hereinafter called "FINANCIAL INSTITUTION", to debit the same to such account for [Purpose]. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable laws, including U.S. law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to credit my account indicated below to correct any error made.

Financial Institution

Branch

Address

City/State/Zip

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Amount of the debit or method of determining amount of the debit

Frequency (Weekly, Monthly, etc.): \_\_\_\_\_

Start Date (if recurring): \_\_\_\_\_

Date of Debit(s): \_\_\_\_\_

*\*If the debit is recurring and the date of the debit falls on a non-banking day, the debit may post to your account on the next banking day and will not post to your account prior to the authorized date.*

**(Note:** For varying amounts the company must send, based on the Nacha Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authorization is to remain in full force and effect until COMPANY has [received written notification from me (or either of us) or describe your process for revocation of the authorization] of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

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Print or Type Individual Name

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Signature

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Date

**Please Attach Copy of Voided Check to This Form**