

## Corporate ACH/EFT Authorization Form - Credit

New       Change       One-time       Delete

I (we) authorize \_\_\_\_\_ to initiate ACH credits to my (our) business checking account indicated below at the financial institution named below (and, if necessary, electronically debit my (our) account to correct erroneous credits). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### Company Information:

Company Legal Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Banking Information:

Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

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

This authorization is to remain in full force and effect until "**Originating Company Name**" has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the "**Originating Company Name**" and Financial Institution a reasonable opportunity to act on the request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorizing Company Officer: \_\_\_\_\_

Title of Authorizing Company Officer: \_\_\_\_\_

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM (Optional)