

Corporate ACH/EFT Authorization Form - Debit

New Change One-time Delete

I (we) authorize _____ to initiate ACH debits from my (our) business checking account indicated below at the financial institution named below (and, if necessary, electronically credit my (our) account to correct erroneous debits). I (we) acknowledge that the origination of ACH transactions from 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)