

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

I authorize (*insert company name*) to initiate electronic debit entries to my:

_____ checking account (or) _____ savings account

for payment of my _____ (*type of bill*).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have cancelled it in writing.

Please Print

Date _____

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Signature _____

Attach a voided check here.