

CORPORATE AUTHORIZATION AGREEMENT FOR ACH PAYMENTS

I (we) Company Name _____
(COMPANY AUTHORIZING ACH CREDIT OR DEBIT ENTRIES TO ITS ACCOUNT)

authorize _____, to initiate a:
(NAME OF COMPANY TRANSMITTING ACH ENTRIES)

☐ CREDIT ☐ DEBIT to the ☐ CHECKING or ☐ SAVINGS account number and Financial Institution shown below. I (we) acknowledge that the origination of ACH transactions to the deposit account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT/ABA NUMBER _____ - _____ - _____

ACCOUNT NUMBER _____

☐ SINGLE ENTRY to occur on or after _____ (date) in the amount of \$ _____.

☐ RECURRING ENTRIES to begin on _____ (date) in the amount of \$ _____

and thereafter _____ (weekly, monthly, etc.).

This authorization is to remain in full force and effect until either party has received written notification in [timeframe agreed upon by parties] from an authorized signatory.

RECEIVER AUTHORIZED SIGNER _____

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement.

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____