



## ACH Origination Agreement

### Credit/Debit Authorization Form

#### Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize \_\_\_\_\_ (“COMPANY”) to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Direct Deposit: Print copy \_\_\_\_\_ Email copy \_\_\_\_\_ None \_\_\_\_\_

Receiver Name(s)	
Financial Institution	
Routing Number	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount (Specific or Variable Range)	

Receiver Signature \_\_\_\_\_ Date \_\_\_\_\_