

AUTHORIZATION FOR DIRECT PAYMENT

I AUTHORIZE (insert company name) _____ to initiate electronic debit entries to my checking 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.

Date _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

STAPLE VOIDED CHECK HERE: