



DEBIT AUTHORIZATION FORM- STANDING AUTHORIZATION

Pursuant to this Standing Authorization, I (we) hereby authorize, in advance, INSERT BUSINESS NAME HERE, hereinafter called "COMPANY", to initiate future electronic debit entries at various intervals, to my (our) account indicated below and the (Financial Institution) named below, hereinafter called "FINANCIAL INSTITUTION", to debit future subsequent entries the same to such account based on further affirmative action as described below* for _____.

I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable laws, including U.S. law. In the event of an erroneous or duplicate entry, I (we) hereby authorize COMPANY to credit my account indicated below to correct any error made.

NAME: _____ COMPANY: _____
(Please print your name as it appears on your account)

BANK: _____

ACCOUNT TYPE:

____ Business Checking ____ Business Savings

____ Personal Checking ____ Personal Savings

ROUTING: _____ ACCOUNT: _____

(ROUTING NUMBERS CAN'T START WITH "5" – DO NOT USE SAVINGS DEPOSIT SLIPS FOR ROUTING NUMBERS)

The diagram shows a check MICR line: **Memo** _____
1: 0123456781: 123456789 0101

Labels with arrows pointing to the MICR line:

- Routing/Transit #**
(A 9-digit number always between these two marks)
- Checking Account #**
- Check #**
(this number matches the number in the upper right corner of the check – not needed for sign-up)

☐ Single Entry ☐ Multiple Entries ☐ Recurring Entries

Amount of the debit or method of determining the amount of the debit --

Frequency (Weekly, Monthly, As Initiated by Consumer, etc.): _____

This authorization is to remain in full force and effect until COMPANY has **[received written notification from me (or either of us) or describe your process for revocation of the authorization]** of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Print or Type Individual Name(s)

Signature

Date of Standing Authorization