CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH

(ACH CREDITS)

Direct Deposit via ACH is the deposit of funds to a consumer's account for payroll, employee expense reimbursement, government benefits, tax and other refunds, and annuities and interest payments.

Check all that apply: ☐ Begin Deposit ☐ Change Information ☐ Split Among Multiple Accounts

I have provided information for each of my accounts below.

I (we) hereby authorize_____("COMPANY") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account #1:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institutions ("DEPOSITORY") name below.

Depository Name: _____

Routing Number:_____ **Account Number:** _____

Name(s) on the Account: _____

Amount of Credit (i.e., flat amount or perentage): _____

Date(s) and/or Frequency of Credit(s): _____

Account #2:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institutions ("DEPOSITORY") name below.

Depository Name: _____

Routing Number:_____ **Account Number:** _____

Name(s) on the Account: _____

Amount of Credit (i.e., flat amount or percentage): _____

Date(s) and/or Frequency of Credit(s): _____

Account #3:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institutions ("DEPOSITORY") name below.

Depository Name: _____

Routing Number:_____ **Account Number:** _____

Name(s) on the Account: _____

Amount of Credit (i.e., flat amount or percentage): _____

Date(s) and/or Frequency of Credit(s): _____

I(we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [X days/weeks] prior notice in order to cancel this authorization.

Name(s) (Please Print): _____

Date: _____ **Signature(s):** _____