ACH Authorization Form

Please complete all fields

Customer Information	
NAME	EMAIL
ADDRESS	
CITY, STATE, ZIP	PHONE #

Account Information
FINANCIAL INSTITUION
ROUTING NUMBER
ACCOUNT NUMBER
ACCOUNT TYPE
AMOUNT/FREQUENCY (for debits only)

I (we) authorize

_____

to initiate entries to and/or from my checking/savings account, and, if necessary, initiate adjustments for any transactions credited/debited in error.

_____ _____

Signature Date