



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Company name _____

I authorize the above company to initiate credit entries to my bank account described below:

Name of my financial institution _____

9-Digit check routing number _____

Checking or savings account number _____

This authorization will remain in effect until I provide the company written notice of revocation. The notice of revocation must be provided in a manner specified by the company, or by providing to the same person or office to whom this authorization was delivered.

I acknowledge that an initial deposit of \$0.01 will be made to my account when it is set up for direct payments. This deposit is for the purpose of verifying my account and requires no additional steps on my part.

Name (please print) _____

Social Security number _____

Date _____

Signature _____

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