



AUTHORIZATION for DRAFT (ACH DEBIT)

I (we) hereby authorize _____, hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge that ACH transactions I (we) authorize to my (our) account must comply with all applicable law.

Financial Institution Branch

Address

City/State/Zip

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

Amount: \$ _____

Per: week twice a month monthly

Date(s) for monthly: 5th 15th 16th 20th

Date(s) for twice monthly: 5th & 16th

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

Note: If you have chosen to have your payment drafted from your checking account, please attach a voided check.

This authority is to remain in full force and effect until Company has **received written notification from me (or either of us) or by December 31, 2020** of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date