ACH Debit Authorization

I, _____, do hereby authorize _____
(Payor Name) (Company Name)
to debit the account(s) designated below, via ACH Direct Debit, for the purpose of payment only. Eligible accounts include bank/credit union checking accounts, money market accounts and savings accounts.

Designated Account #1*

Title/Name(s) on Account - _____

Bank/Credit Union Name - _____

Account Number/Type - _____

Routing/ABA Number - _____

Payee/Employee Contact Number - _____

Designated Account #2*

Title/Name(s) on Account - _____

Bank/Credit Union Name - _____

Account Number/Type - _____

Routing/ABA Number - _____

Payee/Employee Contact Number - _____

If the Payor wishes to change, add or delete a designated account, they should contact _____ immediately to reduce the chance for error.
(Company Name & Contact)

This form should be kept in a secure location, under lock and key to reduce the potential for account information compromise.

_____ _____ _____
(Payee/Employee Name) (Payee/Employee Signature) DATE