

ACH DIRECT DEPOSIT AUTHORIZATION FORM

Employee / Payee Name: _____

Social Security Number (SSN) or Taxpayer Identification Number (TIN): _____

Bank Information:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: _____ Checking Savings

Authorization and Agreement:

I hereby authorize [Company/Employer Name] to initiate credit entries to my bank account indicated above and, if necessary, debit entries and adjustments for any credit entries made in error. This authorization is to remain in full force and effect until [Company/Employer Name] has received written notification from me of its termination in such time and in such manner as to afford [Company/Employer Name] and the bank a reasonable opportunity to act on it. I agree that if any entries are made in error, I will promptly notify [Company/Employer Name] to arrange for correction.

Acknowledgment of Receipt:

By signing below, I acknowledge that I have read and understand this authorization form, and I consent to the electronic transmission of ACH deposits to my bank account. I understand that this authorization will remain in effect until I provide a written notice of cancellation.

Employee / Payee Signature:

Date:

Printed Name:

Phone Number:

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