

# DIRECT DEBIT AUTHORIZATION FORM

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Customer Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Bank Details:

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Routing Number (ABA): \_\_\_\_\_

Account Number: \_\_\_\_\_

## Authorization Details:

I hereby authorize [Company Name] to initiate debit entries to my bank account indicated above and the financial institution named above to debit the same to such account. This authorization is for the payment of invoices or charges arising from services or products provided by [Company Name]. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

## Terms and Conditions:

1. This authorization will remain in effect until [Company Name] has received written notification from me of its termination in such time and manner as to afford [Company Name] and my financial institution a reasonable opportunity to act on it. 2. I understand that if any debit is not honored by my bank for any reason, I will remain responsible for the payment and any associated fees. 3. I agree to notify [Company Name] promptly of any changes to my bank account information. 4. This authorization does not authorize [Company Name] to initiate debit entries for any amounts other than those agreed upon for payment of invoices or services. 5. I have the right to stop payment of a debit entry by notifying my bank, in accordance with bank policies, provided notification is given in a timely manner. 6. This authorization is governed by the laws of the United States and applicable federal and state regulations.

**Customer Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Company Representative:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CUSTOMER SIGNATURE**

**COMPANY REPRESENTATIVE SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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