

# ACH Debit Authorization Form

## Business to Debit Account


\_\_\_\_\_  
 Authorized Business Name Authorized Business Phone Number  
 \_\_\_\_\_  
 Authorized Business Address City ST Zip

## Account Holder Information

\_\_\_\_\_  
 Account Holder Name Account Holder Business Name (if business account) Account Holder Phone  
 \_\_\_\_\_  
 Account Holder Address City ST Zip

## Account Holder's Bank Information

\_\_\_\_\_  
 Account Holder's Bank Name Branch City ST Zip  
 \_\_\_\_\_  
 Bank Routing Number (9 digits) Bank Account Number Account Type:  Business Checking  
 Personal Checking  
 Savings



123456789 Bank Routing Code
1234567890123 Bank Account Number

How to find your Routing and Account Numbers on a check

## Payment Information

\_\_\_\_\_ Description/Goods Purchased/Services Rendered

|   |  |
|---|--|
| Frequency: <input type="checkbox"/> One-Time<br><br>_____<br>Payment Date<br><br>_____<br>Amount of Payment | <input type="checkbox"/> Recurring<br><br>_____ or _____ Open Ended<br>First Payment Date <span style="margin-left: 50px;">Number of Payments</span><br><br>\$ _____ or _____ Variable Amount<br>Amount per Payment<br><br>Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually |
|---|--|

## Authorization

Single Use  
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked  
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

\_\_\_\_\_  
 Signature of Account Holder Print Name of Account Holder Date