

# Debit Authorization Form

**Instructions:** Please complete all necessary fields to authorize automatic debit transactions from your account.

**Customer Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Bank Name:**

**Routing Number:**

**Account Number:**

**Account Type:**

**Company/Payee Name:**

**Payment Amount (or "Variable"):**

**Payment Frequency:**

**Effective Start Date:**

**Additional Notes/Instructions (optional):**

**Authorization:**

I, the undersigned, authorize the above-named company/payee to initiate debit entries to my account at the financial institution indicated above. This authorization will remain in full force and effect until the company/payee has received written notification from me of its termination in such time and in such manner as to afford the company/payee and financial institution a reasonable opportunity to act.

**Customer Signature:**

**Date:**

**Representative (if applicable):**

**Date:**

Please attach a voided check or deposit slip for verification (if required).