

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:

 Checking

Company/Payee Name:

Payment Amount (or "Variable"):

Payment Frequency:

 One-Time

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).