

# ACH Payment Authorization Agreement Form

By completing and signing this ACH Payment Authorization Agreement, you authorize **[Business Name]** to initiate electronic debits from your designated bank account as specified below, for payment of agreed upon goods or services.

Customer Name

Customer Email

Bank Name

Account Type

-- Select --

Routing Number

Account Number

Payment Amount

e.g., \$100.00 or 'Variable' for recurring payments

Payment Frequency

-- Select --

Start Date

## Authorization & Agreement

I hereby authorize **[Business Name]** to initiate automatic debits to my account as indicated above. I understand that this authorization will remain in effect until I provide written notice of cancellation at least 10 days prior to the next payment due date.

Note: Please attach a voided check to ensure accurate account information.

Signature

Date:

This form is for example and informational purposes only. Businesses should consult legal and financial advisors to tailor ACH authorization forms to their unique requirements and comply with all relevant laws and regulations.