

**Account Debit Authorization**

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

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

Identification #: \_\_\_\_\_

I /We authorize \_\_\_\_\_ (Company) to initiate debit entries to my/our \_\_\_\_\_ Checking \_\_\_\_\_ Savings account listed below. The amount of the debit transaction will be \_\_\_\_\_ and will occur on or about the \_\_\_\_\_ day of each month.

I/We agree that this authorization will remain in force until the Company has received written notice from me/us of its termination in such time and manner to afford Company a reasonable opportunity to act on it.

I/We agree to pay a fee of \_\_\_\_\_ for each debit returned unpaid. The Company reserves the right to cancel this authorization if more than two debits are returned unpaid.

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

**Routing Number:** \_\_\_\_\_

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

**Account Type:** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings**

**Account Title:** \_\_\_\_\_

I/We certify that this is an account in good standing and that I/we am/are authorized to initiate this transaction.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)