Consumer Authorization for Direct Deposit via ACH

(ACH Credits)

Direct Deposit via ACH is the deposit of funds to a consumer's account for payroll, employee expense reimbursement, government benefits, tax and other refunds, and annuities and interest payments.

Check all that apply: □ Begin Deposit □ Change Information □ Split Among Multiple Accounts
I have provided information for each of my accounts below.

I (we) hereby authorize _____ ("COMPANY") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits[4]). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account #1
□ Checking Account/□ Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.
Depository Name _____
Routing Number _____ Account Number _____
Name(s) on the Account _____
Amount of credit (i.e., flat amount or percentage) _____
Date(s) and/or frequency of credit(s) _____

Account #2
□ Checking Account/□ Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.
Depository Name _____
Routing Number _____ Account Number _____
Name(s) on the Account _____
Amount of credit (i.e., flat amount or percentage) _____
Date(s) and/or frequency of credit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least [3 days/weeks\ prior notice in order to cancel this authorization.[5]

Names(s) _____
(Please Print)

Date _____ Signature(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. Written notice must be received by COMPANY at least three (3) business days before the next scheduled transaction in order to provide a reasonable opportunity to act on the revocation request. Written revocation requests may be delivered to:

[Company Name]
[Address]
[City, State ZIP]

I (we) understand that any transaction processed before the revocation request becomes effective may still be completed.