ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: _Edgerton Community Outreach **Account Number:** _____

I (we) hereby authorize Edgerton Community Outreach, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

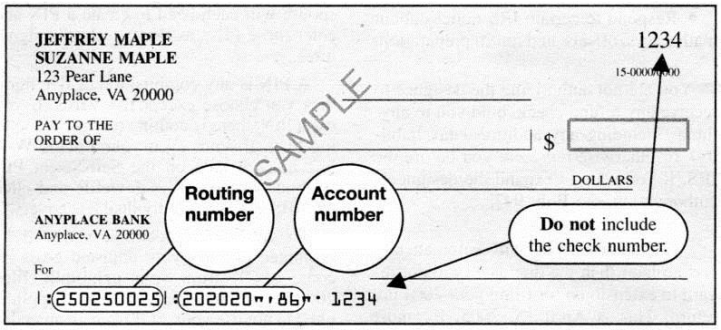
Routing Number *(9 Digits)*: _____ **Account Number:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ **Individual ID Number:** _____
(Please Print) *(To be completed by Company)*

Signature: _____ **Date:** ____/____/____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note. The routing and account numbers may be in different places on your check.