



SAMPLE AUTHORIZATION FOR DIRECT DEPOSIT AND SPLIT DEPOSIT VIA ACH (ACH CREDIT)

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 Name] ("COMPANY") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). 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) _____

Account #3

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 [X days/weeks] prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____