

# ACH Debit Authorization Agreement

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name **Optimist International** \_\_\_\_\_ (herein referred to as "Company")

Address **4494 Lindell Blvd. , St. Louis, MO 63108** \_\_\_\_\_

Company ID Number **43-0443279** \_\_\_\_\_

I (we) hereby authorize Company to initiate debit entries to my (our)

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account (select one)

**Please debit my (our) account for: (select one or more)**

\_\_\_\_\_ **Dues & Fees** \_\_\_\_\_ **CRA Adds** \_\_\_\_\_ **Life Members** \_\_\_\_\_ **Purchases** \_\_\_\_\_ **All Charges**

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 \_\_\_\_\_ 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.

Depositor Name \_\_\_\_\_ **Club #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Account holder is required to verify bank account data and attach a voided check here.**