

## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose	
of making a payment.	
I <sup>1</sup> (we) authorize ("COMPANY") to electronically debit my (our	)
account (and,	
if necessary, electronically credit my (our) account to correct erroneous debits) as follows:	
Select One:	
☐ Checking Account	
□ Savings Account	
at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH	
transactions I (we) authorize comply with all applicable law.	
transactions i (we) admonze comply with an applicable law.	
Depository Name	
Routing Number	
Account Number	
Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable	ole
dollar amounts authorized]:	
Date(s) and/or frequency of debit(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	it 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. <sup>2</sup>	

<sup>2</sup>Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification

<sup>&</sup>lt;sup>1</sup> The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.



Name(s) _		(Please Print)
Date	Signature(s)	

should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").