DEBIT AUTHORIZATION FORM – STANDING AUTHORIZATION

Pursuant to this Standing Authorization, I (we) hereby authorize, in advance, *(Company)*, hereinafter called “COMPANY”, to initiate future electronic debit entries at various intervals, to my (our) account indicated below and the *(Financial Institution)* named below, hereinafter called “FINANCIAL INSTITUTION”, to debit future subsequent entries the same to such account based on further affirmative action as described below\* for [***Purpose***]. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable laws, including U.S. law. In the event of an erroneous or duplicate entry, I (we) hereby authorize COMPANY to credit my account indicated below to correct any error made.

     

Financial Institution Branch

Address

City/State/Zip

Routing Number:       Account Number:

Type of Account: Checking:  Savings:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single Entry  Multiple Entries  Recurring Entries

Amount of the debit or method of determining amount of the debit --

Frequency (Weekly, Monthly, As Initiated by Consumer, etc.):

Subsequent Entry -- *\*Through a Standing Authorization, I agree that in order to initiate any future subsequent entries, I must notify the Company by [****the Company must define the method(s) in which the Consumer Receiver can initiate future entries (i.e., telephone, internet****)] of the payment amount and date of the subsequent debit.*

This authorization is to remain in full force and effect until COMPANY has [**r*eceived written notification from me (or either of us) or describe your process for revocation of the authorization***] of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

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Print or Type Individual Name(s)

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Signature Date of Standing Authorization

Please Attach Copy of Voided Check to This Form