

ACH AGREEMENT FOR PREAUTHORIZED DEPOSIT

Name of Company	ID/Payroll/Sponsor Number

I hereby authorize my **company** and the **financial institution(s)** listed below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries made in error to the account(s) listed on this agreement.

This authority is to remain in full force until **company** has received written notification from me of its termination in such time and manner as to afford **company** and **financial institution** a reasonable opportunity to act on it.

Printed Name	Social Security or Payroll ID Number
Signature	Date:

Transit Routing/ABA Number	Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount			\$
Transit Routing/ABA Number	Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount			\$
Transit Routing/ABA Number	Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount			\$
Transit Routing/ABA Number	Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount			\$
Transit Routing/ABA Number	Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount			\$

Checking Account Deposit- you must include a voided check with authorization.
Savings Account Deposit- contact your banking institution to get the proper information requested.