Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment. **Check One:** □ Begin Payment ☐ Change Information I (we) authorize _____ ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows: ☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law. Depository Name: Routing Number: _____ Account Number: _____ Name(s) on Account: **Debit Transaction Frequency:** ☐ **Single Entry** (one-time payment) □ Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver) □ Subsequent Entries (entries that are initiated by a Receiver's affirmative action in accordance with the terms of this Standing Authorization) How will subsequent Entries be authorized? (If any of the options below are applicable, insert additional information about the method used to authorize subsequent entries so that the process is clear and readily understandable. Remove any of the options that are not applicable.) ☐ Telephone □ Internet ☐ Other: ____ Date of debit (if Single Entry) or date of first debit: _____ Number of and/or frequency of debits: **Authorized debit amount** (or method for determining amount): I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY ______ [in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least _____ days/weeks prior notice in order to cancel this authorization. Name(s): _____ (Please Print) Date: _____ Signature(s): _____ For Non-Consumer Receivers Only: By signing this document, I (we) agree to be bound by the

Nacha Operating Rules.