

# 1-TIME ACH PAYMENT AUTHORIZATION

## Customer Information

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Last Name:

First Name:

Middle Initial:

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## Debit Account Information

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The Financial Institution Name:

Account Number:

Routing Number:

Account Type:

Checking

Savings

Account Classification:

Consumer Account

Business Account

Amount of Authorized Debit: \$

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## Customer Authorization

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I acknowledge that I am an owner of (or authorized signer on) the above referenced account to be debited and authorize \_\_\_\_\_ to initiate a one-time ACH debit transfer of funds from same account for credit to the above referenced account and that the origination of the ACH transactions to my account(s) must comply with the provisions of U.S. law.

This authorization is valid only to initiate a one-time ACH debit transfer of funds from the financial institution listed above to credit the account listed above. This authorization cannot be applied to any other transaction(s) on the debit account listed above. ACH debit transfer of funds is available only between financial institutions located in the United States.

Signature:

Date:     /     /

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