

ACH Debit Authorization Form

Business to Debit Account


Authorized Business Name	Authorized Business Phone Number
Authorized Business Address	City
	ST
	Zip

Account Holder Information

Account Holder Name	Account Holder Business Name (if business account)	Account Holder Phone
Account Holder Address	City	ST
		Zip

Account Holder's Bank Information

Account Holder's Bank Name	Branch City	ST	Zip
Bank Routing Number (9 digits)	Bank Account Number	Account Type: <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings	



Bank Routing Code Bank Account Number

How to find your Routing and Account Numbers on a check

Payment Information

Description/Goods Purchased/Services Rendered

Recurring: No Yes

Payment Date	First Payment Date	Recurring Payment Date	_____ or _____ Indefinite Number of Payments
\$ _____ Amount of Payment	_____ Weekly _____ Biweekly _____ Monthly _____ Quarterly _____ Semi-annually _____ Annually Frequency	\$ _____ Amount per Payment	\$ _____ Add to First Payment
		\$ _____ Add to Last Payment	

Authorization

Single Use
I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law.

Until Revoked
I hereby authorize the above-named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. Furthermore, I authorize First ACH to debit, if the payment is returned for any reason, a rejected/returned item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder	Print Name of Account Holder	Date
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