

# ACH DEBIT AUTHORIZATION AGREEMENT

## SAMPLE ACH DEBIT AUTHORIZATION FORM

<b>AUTHORIZATION AGREEMENT</b> –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME <u>Little City Kids</u>	COMPANY ID NUMBER <u>39-1935024</u>	
I (we) hereby authorize <u>Little City Kids</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP	ACCOUNT NUMBER	
<p>This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.</p>		
Amount: <u>Weekly</u> <input checked="" type="checkbox"/> <u>Bi-Weekly</u> <input type="checkbox"/> <u>OTHER</u> <input type="checkbox"/>	DATE	IDENTIFICATION NUMBER
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)	
<input checked="" type="checkbox"/> SIGNATURE	<input checked="" type="checkbox"/> SIGNATURE	
113-112-001 NIP (3/87)		