

CONSUMER AUTHORIZATION FOR DIRECT PAYMENTS VIA ACH

****Please include a voided check****

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I/We hereby authorize _____ (The Company) to initiate entries to my/our checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me/us in writing to cancel it in such time to afford The Company a reasonable opportunity to act on it.

I/We understand that if funds are not available at the time the ACH withdrawal is initiated, the withdrawal may be attempted one additional time, and I/we will be charged a \$30 NSF fee. I/We authorize The Company to withdraw this fee in addition to our monthly payments as well as any late fees that the account may incur.

I/We understand that if our monthly payment amount increases, The Company will begin the withdrawal of the new amount.

Name of Your Financial Institution

Address of Your Financial Institution

Your Financial Institution Routing Number

Your Checking/Savings Account Number (circle one)

Your Signature

Date: _____

Your Name (PLEASE PRINT)

Account/Reference Number
With The Company:

Your Address (PLEASE PRINT)

Amount: _____ (if left blank, only the minimum amount due will be withdrawn)

Date to begin withdrawal: _____

Date you want amount to be withdrawn:
5th of Every Month 20th of Every Month
(circle one)