

# ACH Debit Authorization

## 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

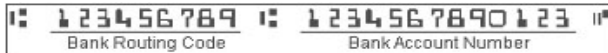
Bank Routing Number (9 digits)

Bank Account Number

Account Type: ☐ Business Checking

☐ Personal Checking

☐ Savings



How to find your Routing and Account Numbers on a check

## Payment Information

Description/Goods Purchased/Services Rendered

Frequency: ☐ One-Time

☐ Recurring

Payment Date

First Payment Date

☐ or ☐ Open Ended  
Number of Payments

Amount of Payment

\$  or ☐ Variable Amount  
Amount per Payment

Frequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly  
☐ Quarterly ☐ Semi-annually ☐ Annually

## Authorization

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.

First ACH eSignature

Jose Rivera

Signature of Account Holder

Print Name of Account Holder

Date

