

## AUTOMATIC PAYMENT TRANSFER LETTER

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. The company you wish to pay may or may not accept this generic form. You may wish to check with them prior to completing the form.*

*All instructions for Revocation of this form must be noted in the final paragraph.*

☐ ESTABLISH AUTOMATIC PAYMENT      ☐ CHANGE MY EXISTING AUTOMATIC PAYMENT

### Company Information

Company Name: Account #:

Address: Phone:

City: State: Zip:

### Customer Information

Name (First MI Last):

Social Security / ID # (If Required):

### Financial Institution Information

Account Type: ☐ CHECKING ☐ SAVINGS Account #:

ABA Routing #:  
(9 digits in the bottom left portion of your check)

Financial Institution Name:

Address:

City: State: Zip:

I (we) authorize "COMPANY" to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) at the depository financial institution named above ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:

Date(s) and/or frequency of debit(s):

*Please contact "COMPANY" for accurate completion of the following:* I (we) understand that this authorization will remain in full force and effect until I (we) notify "COMPANY" in writing by phone via email via fax. that I (we) wish to revoke this authorization. I (we) understand that "COMPANY" requires at least days prior to notice in order to cancel this authorization.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

