

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

Recurring Direct Deposits Authorization Form

This is permission for recurring Direct Deposits. As an authorized signor on the Depository Account presented, by completing and signing this form you give { Insert Business Name } permission to pay/credit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until { Insert Business Name } has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor { Insert Business Name } to pay/credit my
(Full name)
account indicated below for \$ _____ on or after _____. These payments are for
(Amount) (Date)
_____. My Account / Invoice Number is _____.
(Description of goods/services/on account)

Billing Address _____ Phone# _____

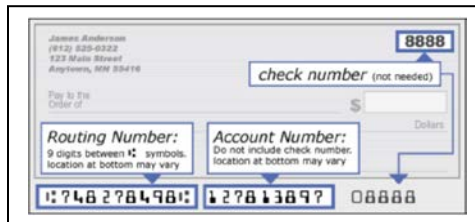
City, State, Zip _____ Email _____

Frequency: Weekly Monthly Annual basis, _____ Number of Payments

Depository Bank _____ Checking

Routing Number _____ Savings

Account Number _____



I authorize { Insert Business Name } to pay/credit the account indicated in this authorization form according to the terms outlined above. This Direct Deposit payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

Fax to: { Insert Business Fax } Scan & Email to: { Insert Business Email }

I, _____ hereby **Revoke my Authorization for the payments/credits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.





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- Same-Day Funding
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