

# ACH AUTHORIZATION AGREEMENT FORM

I (we, if joint account) hereby authorize SWIFT Services to initiate debit entries to my (our) Checking/Savings Account at the Financial Institution indicated below. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

## ACH Information

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Circle If:  Checking  Savings

Routing Number: \_\_\_\_\_

Account Number (Checking or Savings) : \_\_\_\_\_

**A voided check MUST BE ATTACHED TO THIS APPLICATION if you have selected Checking.**

YOUR NAME 123 YOUR STREET YOUR CITY, STATE 12345	12-345 DATE: _____	1001
PAY TO THE ORDER OF: _____ \$ _____		DOLLARS
YOUR FINANCIAL INSTITUTION 123 MAIN STREET CITY, STATE 12345		
NOTE: ⑆1234567890⑆ ⑆00123456⑆ ⑆1001⑆		

Routing Number    Account Number    Check Number

This authorization is to remain in full force and effective until SWIFT Services receives written notification from me (or either of us) of termination, in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_