

my (our) account indicated below and the financi FINANICAL INSTITIUTION, to debit the same	
Financial Institution Name	Branch
Address	City, State, Zip
Routing Number / Account Number	Type of Acct: ☐ Checking ☐ Savings
This authority is to remain in full force and effection me (or either of us) of its termination in suc FINANCIAL INSTITUION a reasonable opports	
Print Individual Name	Print Individual ID Number
Signature	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer state in the authorization.
- The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.