Company Name

Direct Payment Agreement Form

Authorization Agreement

I hereby authorize **ABC COMPANY** to initiate a one time ACH payment from my account at the financial institution named below. I also authorize **ABC COMPANY** to make a credit entry to this account in the event that a debit entry is made in error.

By signing this form I give **ABC COMPANY** permission to debit my account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to my account.

Account Information

Name of Financial Institution: United Bank

Name on Account: John Doe

Routing Number: 061107515

Account Number: 12345678   Checking   Savings
                                                        ☒   ☐

Amount Information

I authorize **ABC COMPANY** to draft my bank account indicated above for **$100.00** on or after **September 7, 2012**.

Signature

Authorized Signature (Customer): _____   Date: _____

Authorized Signature (Company): _____   Date: _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that **ABC COMPANY** may at its discretion attempt to process the charge again, and I agree to an additional charge for each attempted returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please attach a voided check and return this form to ABC COMPANY