## Consumer Authorization for Direct Payment via ACH

Direct Payme of making a p			of funds from a (	consur	mer account for the purpose
Check one:		Begin Payment			Change Information
	, if nece				ectronically debit my (our) ccount to correct erroneous
Institution nar	med b		RY"). I (we) ag	-	) at the depository Financial at ACH transactions I (we)
Depository nan	ne:				
Routing number: Account number:					ber:
Name(s) on the	accol	ınt:			
Debit transaction	on frequ	iency:			
□ Recu	rring En	(one-time payment)  Itries (entries that red  ion by the Receiver)	cur at substantiall	y regul	ar intervals, without further
Date of debit (i	f Single	Entry) or date of first	debit:		
Number of and	or frec	uency of debits:			
Authorized deb	it amo	unt (or method for de	etermining amou	nt):	
COMPANY in w	riting th		oke this authorizat	tion. I (v	e and effect until I (we) notify ve) understand that COMPANY zation.
Name(s):			(Please Print)		
Date:		Signature(s):	,		