

## Schedule H - Sample ACH Authorization Agreements

### DEBIT AUTHORIZATION

I (we) hereby authorize (*Your Company Name*), hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (*Application – what are you debiting for? Dues, member fees, tuition, rents, etc.*). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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Financial Institution Name

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Branch Address, including City/State/Zip

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Routing Number

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Account Number

Type of Account:  Checking  Savings

Amount (or how amount is determined): \_\_\_\_\_

Frequency (Weekly, Monthly etc.): \_\_\_\_\_ Start Date (if recurring): \_\_\_\_\_

Date of First Debit (s): \_\_\_\_\_

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

**(Note:** For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has [*received written notification from me (or either of us) or describe your process for revocation of the authorization*] of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

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Print or Type Individual Name

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Signature

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Date

## Schedule H

(continued)

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name

Company ID Number

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to credit entries to my (our)  Checking Account/  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

Account  
Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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

ID Number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.