

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.

Financial Institution Name

Branch Address, including City/State/Zip

Routing Number

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.

Print or Type Individual Name

Signature

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.