

# Corporate Authorization Agreement for ACH Payments

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I (we) Company Name \_\_\_\_\_ authorize \_\_\_\_\_ (Name of Company Transmitting ACH Entries) to initiate a:

Credit

Debit

To the

Checking Account

Savings Account

And Financial Institution shown below. I (we) acknowledge that the origination of ACH transactions to the deposit account must comply with the provisions of U.S. law.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing/Transit ABA Number: \_\_\_\_\_

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

SINGLE ENTRY to occur on or after \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_.

RECURRING ENTRIES to begin on \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_.  
And thereafter \_\_\_\_\_ (weekly, monthly, etc.).

## Authorization

This authorization is to remain in full force and effect until either party has received written notification in [timeframe agreed upon by parties] from an authorized signatory.

Receiver Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

*I am an authorized signer, or otherwise have authority to act, on the account identified in this statement.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_