

**DIRECT PAYMENT  
AUTHORIZATION AGREEMENT**

Company Name	Company Tax ID Number
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I hereby authorize and request \_\_\_\_\_ to effect payment of any amounts owing by me to \_\_\_\_\_ as such amounts become due by initiating debit entries to my account indicated below in the Bank indicated below, and I authorize and request the Bank indicated below to accept debit entries initiated by \_\_\_\_\_ to such account and to debit the same to such account without responsibility for the correctness thereof:

Indicate type of account (check one)                      \_\_\_\_\_ checking                      \_\_\_\_\_ savings

Bank or Savings Association Name :	Address :	
Routing No.	City	Zip
Account No.	Bank Contact	Phone

This authorization is to remain in full force and effective until \_\_\_\_\_ has received written notification from me of its termination in such time and manner as to afford \_\_\_\_\_ and the bank indicate above a reasonable opportunity to act on it.

Account Owner Print Name :	Title of Account Owner Print Title :
Signature :	Date :

Staple your VOIDED CHECK or MICR specification sheet here

Submit a voided check for processing and verification.