



# Authorization for Automatic Payment

## Automated Clearing House Debit, ACH

Company Name: \_\_\_\_\_

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

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

I, (We) hereby authorize PROPAY to initiate debits (and/or corrections to previous debits) to the Financial Institution below, to charge the amount thereof (not to exceed \$ \_\_\_\_\_) to my (our) account indicated below.

Checking Account

**OR**

Savings Account

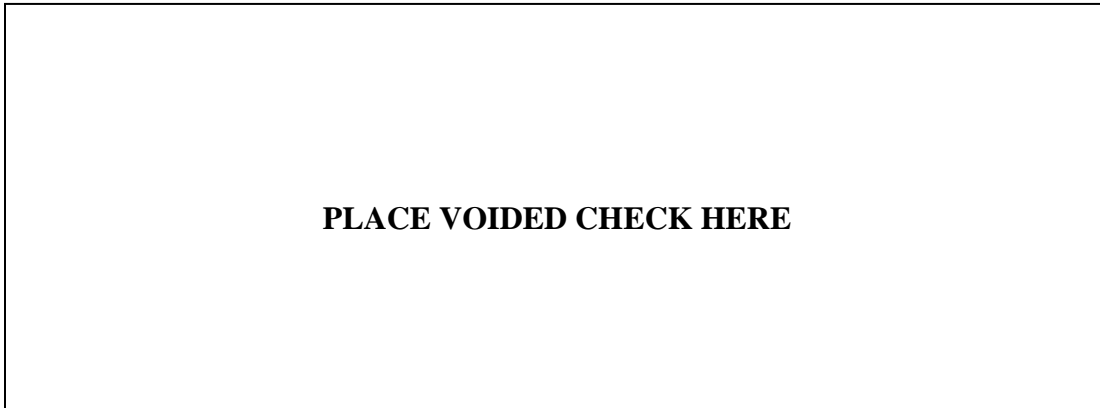
Financial Institution Name: \_\_\_\_\_

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

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Fractional Transit #: \_\_\_\_\_

**Please attach a voided check below for the account being used.**



This authority is to remain in full force and effect until you have received written notification from me (or another authorized signer) of its termination.

**\*\* All ACH's are forwarded electronically to our financial institution which processes it through the clearinghouse of the Federal Reserve Bank; your bank then debits your account. It is your responsibility to verify that the appropriate debit occurred.**

**By signing below, I (we) acknowledge that I (we) have read and agree to the information contained above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL INFORMATION** – The information provided in this document is intended for **CLIENT** only. Please do not distribute or share this information with any other parties without prior authorization by **PROPAY**.

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