



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Tipp City Enrichment Program

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

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

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

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

Total Amount Allowing for processing \_\$ \_\_\_\_\_

Are you sending this Credit to a person or entity outside the U.S.\$ (i.e. Canada or Mexico) Must select Yes or No

YES or  NO

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) \_\_\_\_\_

(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

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