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# ACH Authorization Form

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## ***CREDIT/DEBIT AUTHORIZATION FORM***

I (we) hereby authorize Tipp City Enrichment Program (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

Set Amount: \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆

Routing Number

Account Number

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