

# ACH Authorization Form

All information on this form is required unless otherwise noted.

## Business Authorized to Debit/Credit Account:

Authorized Business Name

Authorized Business Phone Number

Authorized Business Address

City

ST

Zip

## Account Holder Information:

Account Holder Name

Account Holder DBA Name (If Business Account)

Account Holder Phone

Account Holder Address

City

ST

Zip

## Account Holder's Bank Information:

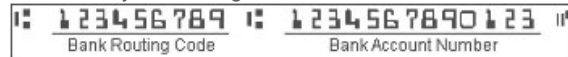
Account Holder's Bank Name

Branch City

ST

Zip

How to find your Routing and Account Numbers on a check:



- Business Checking  
 Personal Checking  
 Savings

Bank Routing Number (9 digits)

Bank Account Number

## Transaction Information:

Goods Purchased/Services Rendered

One-time  Recurring

Rate \_\_\_\_\_

No. of Transactions \_\_\_\_\_ or Open Ended

\$

Amount of Transaction

Effective Date

## Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Signature of Account Holder

Name/Title of Account Holder

Date

ACH Processing Provided By



The First Choice in ACH Business Solutions.

www.firstach.com

Better payments.

After Completing this form please mail to the address above or fax to Peninsula Foundation at 415 354 4216