



ACH Debit Authorization Agreement

ACH DEBIT AUTHORIZATION

Please find instructions for completion and a sample form below.

- A = Full Company Name
- B = Company's (Fed) ID number
- C = Company name
- D = Financial institution which will receive the debit transactions
- E = Financial institution's address
- F = Financial institution's transit/ABA number
- G = Checking or Savings account number
- H = Date the Authorization Agreement is completed
- I = Account owner's Social Security number
- J = Account owner's printed name and signature
- K = Joint account holder's printed name and signature. If a joint account, information on both account holders is required on the Authorization Form.

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME <i>A = ABC Company</i>	COMPANY ID NUMBER <i>B = 39-1234567</i>	
I (we) hereby authorize <u><i>C = ABC Company</i></u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Dates and amounts of the debits will coincide with the attached payment schedule.		
DEPOSITORY NAME <i>D = BMO Harris Bank</i>	BRANCH	TRANSIT/ABA NUMBER <i>F = 0750-00051</i>
CITY, STATE, ZIP <i>E = Milwaukee, WI 53202</i>		ACCOUNT NUMBER/TYPE (checking or savings) <i>G = 001-12-1234/checking</i>
This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
	DATE <i>H = MM-DD-YY</i>	IDENTIFICATION NUMBER <i>I = 123-45-6789</i>
NAME (PLEASE PRINT) <i>J = John Smith</i>	NAME (PLEASE PRINT)	
<u>SIGNATURE</u> <i>John Smith</i>	<u>SIGNATURE</u> <i>Mary Smith</i>	
113-112-001 NIP (3/87,		



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AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME		COMPANY ID NUMBER
I (we) hereby authorize <u>WASHINGTON COUNTY</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Dates and amounts of the debits will coincide with the attached payment schedule.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP		ACCOUNT NUMBER/TYPE (checking or savings)
This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
	DATE	IDENTIFICATION NUMBER
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)
SIGNATURE		SIGNATURE
113-112-001 NIP (3/87)		