



City of Darien

P.O Box 452 | 702 North Way | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

Schedule D: ACH Sample Authorization Agreement – Direct Payments

Authorization Agreement for direct payments (ACH Debits)

Company Name: _____ Company ID Number: _____

I (we) hereby authorize _____, 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 the provisions of U.S. law.

Depository

Name: _____ Branch: _____

City: _____ State: _____

Routing No.: _____ Account 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): _____ ID No.: _____

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.