

Debit Authorization

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Company Name: _____ Company ID #: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries for _____ to my (our) account indicated below and the financial institution named below, hereinafter called AUSTIN BANK, 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.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Branch/Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ACCOUNT INFORMATION

Type of Account: Checking Savings // Personal Business

Account Name: _____

Routing Number: _____ Account Number: _____

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

EMPLOYEE AUTHORIZATION

Print Individual Name: _____

Individual ID #: _____

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM!