



ACH AUTHORIZATION FORM

Please fill out and sign this form to authorize **[Agency Name]** to make payments directly to your checking or savings account. You can find your bank's routing number on your bank's website or at the bottom of one of your checks assigned to you by your bank.

Bank Name:

Account Name:

Routing Number:

Account Number:

Address:

Phone:

I hereby authorize **[Agency Name]** to automatically deposit payments to the account listed above under the terms and conditions of this Direct Deposit (ACH) Enrollment Form and Agreement. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is correct and that **[Agency Name]** may rely on it.

Your Name

Today's Date