



SAMPLE: ACH TRANSFER AUTHORIZATION FORM

I authorize **(Your Business Name Here)** to initiate the following one-time or recurring ACH transfer to debit or credit my account:

Transfer Instructions

Accountholder Name: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

Account Number: _____ ☐ Checking ☐ Savings

Dollar Amount: _____ First Transfer Date: _____

Recurring Frequency: ☐ Monthly ☐ Bi-Weekly ☐ Weekly ☐ One Time

Type of ACH Transfer: ☐ Debit ☐ Credit

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 a time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Signature: _____ Date: _____

This sample form is for business ACH purposes only and is intended for use by our business online banking ACH originators.