

ACH Authorization Form

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| **CREDIT/DEBIT AUTHORIZATION FORM**I (We) hereby authorize Reliable Distributor to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Reliable Distributor is notified by me (us) in writing to cancel it in such time as to afford Reliable Distributor and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. (Name of Financial Institution)(Address of Financial Institution-Branch, City, State & Zip) (Signature) (Date)(Name – PLEASE PRINT)(Address– PLEASE PRINT)Set Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Maximum Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Financial Institution Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Checking/Savings Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_These numbers are located in the bottom of your **check** (not a deposit slip) as follows: |

**\* A FEE OF $35.00 WILL BE CHARGED TO YOUR ACCOUNT IF FUNDS ARE UNAVAILABLE AT TIME OF TRANSFER \***