

Authorization Form

Authorization Agreement for Pre-Authorized Payments

Company Name _____ **Company ID Number** _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit Entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____ **Branch** _____

City _____ **State** _____ **ZIP** _____

Transit/ABA No. _____ **Account No.** _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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 Number** _____
(Please Print)

Date _____ **Signed X** _____ **Signed X** _____

Sample Check

JOHN DOE
JANE DOE
123 Elm Street
Home Town, XX 99818

1045

55-999/299

_____ 19__

PAY TO THE
ORDER OF _____ \$ _____

_____ Dollars

Fleet Bank

FOR _____

! : 099909999 !: !!" 23" "45678 9 !!" 1045