

# AUTHORIZATION FOR AUTOMATED COLLECTIONS

COMPANY NAME \_\_\_\_\_

COMPANY ID NUMBER \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called  
to initiate debit entries and to initiate, if necessary, credit and adjustments for any debit  
entries in error to my (our) \_\_\_\_\_ *Checking* \_\_\_\_\_ *Savings Account*  
indicated below and the depository bank named below, hereinafter called  
to debit and / or credit the same to such account.

**COMPANY**

(check one)

**DEPOSITORY,**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Transit / ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

I (we) hereby authorize **COMPANY** to initiate debit entries:

**(CIRCLE ONE)**

Weekly  Monthly  Quarterly  Other (specify) \_\_\_\_\_

in the amount of \$ \_\_\_\_\_

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 in such manner as to afford COMPANY a reasonable opportunity to act upon it.

Name \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
Printed

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## For COMPANY Use Only

**Date Received** \_\_\_\_\_

**Processed by** \_\_\_\_\_