

ACH TRANSACTIONS AUTHORIZATION AGREEMENT

☐ NEW ☐ REVISE ☐ TERMINATE (Check One)

I (we) authorize **ELIOT COMMUNITY HUMAN SERVICES, INC.** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) to my checking/savings account at the financial institution (Bank) named below.

Bank Name _____

Bank Address _____

Name on Account _____

Routing Number _____ Account Number _____

Checking ☐ Savings ☐

Vendor Name _____

Vendor Email Address _____

Signature _____

ATTACH VOIDED CHECK HERE

2400

19____ 91-548/1221

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

FOR _____

⑆ ⑆ 22105278⑆ 6724301068⑆ 2400⑆

Routing Number

Account Number

Check Number