

020-ACH

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

Company Name \_\_\_\_\_

Company ID Number \_\_\_\_\_

I (we) hereby authorize: Public Savings Bank, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)  Checking  Savings account (*select one*) indicated below and the depository financial institution named below, hereinafter called **DEPOSITORY**, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

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

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

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

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** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(please print)

ID Number \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK !!!**