

_____ HEREBY AUTHORIZES AMERICAONE TO INITIATE ACH TRANSFER ENTRIES FOR:
YOUR NAME (AUTHORIZED INDIVIDUAL)

ADJUSTMENTS ERROR CORRECTIONS DAILY TRANSACTION SETTLEMENT

MANDATORY: THESE ENTRIES WILL BE MADE THROUGH OUR DEMAND DEPOSIT ACCOUNT AT:

FINANCIAL INSTITUTION NAME:

PO BOX/STREET:

CITY/STATE/ZIP:

PHONE:

ROUTING TRANSIT NUMBER:

ACCOUNT NUMBER:

OPTIONAL: PERTINENT INFORMATION AND ADJUSTMENTS WILL BE SENT TO YOUR BUSINESS ADDRESS OTHERWISE SPECIFIED BELOW:

COMPANY NAME:

PO BOX/STREET:

CITY/STATE/ZIP:



**ACH
Authorization
Release**

COMPANY NAME	AUTHORIZED INDIVIDUAL	TITLE
	X	
DATE	AUTHORIZED SIGNATURE	

**ATTACH A PRE-PRINTED VOIDED CHECK HERE
BANK DRAFTS AND DEPOSIT SLIPS ARE NOT VALID
IF NO PRE-PRINTED CHECK IS AVAILABLE, ATTACH LETTER FROM BANK**

OFFICE USE ONLY:

VERIFIED BY _____ APPROVED BY _____ REPRESENTATIVE _____ MANAGER _____