

## Direct Payment Authorization Form (ACH Debits)

I (we), \_\_\_\_\_, hereby authorize Stouffer Communications to initiate transactions to my (our) account indicated below and the financial institution, hereafter called FINANCIAL INSTITUTION, below to debit and/or credit the same to such account.

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_

Street Address \_\_\_\_\_

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

Account Type	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Business Savings

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Stouffer Communications has received written notification from me (or either of us) of its termination in such a time and manner as to afford Stouffer Communication and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authority is for all expenses and services as discussed in the Stouffer Communications Terms and Conditions.

**I understand that I will be charged \$25 for any payment that does not process due to insufficient funds or for any other reason.**

Printed Name \_\_\_\_\_

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

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM  
 (note: deposit slips are not acceptable)