



## **Debit Authorization Form**

I (we) hereby authorize		, hereinafter called	
COMPANY, to initiate debit	entries to my (our) account indicated belo	w and the financial institution	
named below, hereinafter cal	lled FINANCIAL INSTITUTION, to debi	t the same such account. I (we)	
acknowledge that the original	nation of ACH transactions to my (our)	account must comply with the	
provisions of U.S. law.			
(Financial Institution Name)		(City, State)	
		Checking Savings	
(Routing Number)	(Account Number)		
Checking John & Jane Account # 123 Your St		1211	
(Usually follows the Proceedings of the Proceedings of the Inc. of	USA 12354	Date:	
Routing/ Order of		\$ Check Number	
ATT	ACH VOIDED CHECK	DOLLARS (in consplete this form)	
Your Bank 123 Your B	mank's Straat		
Transit # Anywhere, U			
number) Memo: 012347678	8 123456789 1211		
Please attach a voided check	to this form. Citizens State Bank will not	process this request without a	
voided check.		1	
Amount of payment: \$	Start Date of ACH:		
Frequency of ACH:	Number of Payments:		
·			
This authority is to remain in	n full force and effect until COMPANY has	s received written notification from	
me (or either of us) of its term	mination in such a time and manner as to a	afford COMPANY a reasonable	
` /	it is a joint account, both parties need to		
(Print Name)		(Date)	
(Signature)			
(Duint Name)		(D-4-)	
(Print Name)		(Date)	
(Signature)			

\*If we currently have an ACH setup with you, and you want to keep the same, please only fill out the top line and information below check. We do not need a new voided check for file.