

ACH AUTHORIZATION FORM



We, _____, hereinafter called CLIENT, hereby authorize Accresa, hereinafter called COMPANY, to initiate debits and/or credits to or from our Bank Account indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and or credit the same to such account. We acknowledge that the origination of ACH transactions to or from our account must comply with the provisions of U.S. law.

Please provide this originator number to your bank account so that we can successfully process the ACH:

ORIGINATOR #2813595361 and #4813595361

Name of Bank: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Account Type: CHECKING SAVINGS

This authorization is to remain in full force and effect until COMPANY has received written notification from CLIENT of its termination in such time and such manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION BY INDIVIDUAL TO SIGN/ACT ON BEHALF OF CLIENT

DATE

SIGNATURE

OFFICE USE ONLY	Date Received: ___/___/___	Date of Instruction: ___/___/___	ID: # _____
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