

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTSOMB Control Number: 1530-0015
Expiration Date: 6/30/2020

(AGENCY NAME)

Paperwork Reduction Act/Privacy Act Statement

The information requested on this form is required under the Electronic Fund Transfer Act (15 USC § 1693 et seq.), 12 CFR 205, and 31 CFR 206 and 210, for the purpose of authorizing the Department of the Treasury to electronically collect payments from your account. The information will be used to match the records of the government agency with those of the financial institution to direct your payments to the point you authorize. No pre-authorized electronic fund transfer from your account may be transacted unless a signed authorization form is received. Furnishing this information is voluntary; however, failure to furnish this information may delay or prevent the electronic collection of a payment through the Automated Clearing House. You are not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1530-0015. We estimate that it will take approximately 15 minutes to complete this form.

CHECK ONE

START

CHANGE

STOP

INDIVIDUAL/COMPANY INFORMATIONINDIVIDUAL/ORGANIZATION NAME *(Please Print)*

STREET ADDRESS

CITY/STATE

ZIP CODE

AREA CODE

TELEPHONE NUMBER

YOUR AGENCY ACCOUNT IDENTIFICATION NUMBER

TYPE OF PAYMENT

I hereby authorize the initiation of the debit entries from my account listed below and the financial institution named below to debit such account. I understand I will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I also understand that I have the right to stop automatic payment by notifying my financial institution in writing three days prior to the time my account is to be charged. I/we acknowledge that the origination of ACH transactions to my/our account must comply with U.S. law. This authorization is to remain in full force and effect until the agency listed above has received written notification from me in such time and in such manner as to afford the agency listed above and the financial institution listed below a reasonable opportunity to act upon it.

SIGNATURE _____

DATE _____

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME

STREET ADDRESS

CITY/STATE

ZIP CODE

NINE-DIGIT ROUTING TRANSIT NUMBER



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ACCOUNT TITLE

ACCOUNT NUMBER

 CHECKING SAVINGS

SIGNATURE AND TITLE OF REPRESENTATIVE

AREA CODE/TELEPHONE NUMBER

DATE