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Questions?

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*This document includes sample consumer authorizations for ACH Debit Entries, ACH Credit Entries, and Electronic Transfers. Samples are for illustrative purposes only. No form of these agreements should be used without the advice and counsel of your attorney.*

## 1.) Sample Consumer Authorization for ACH Debit Entries

I (we) authorize \_\_\_\_\_ (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one)

- a single (one-time) entry
- recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)
- subsequent entries (initiated under the terms of my standing authorization) that require my affirmative action to initiate those future entries

as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_

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

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_.

Date(s) including the start date and/or frequency of debit(s): \_\_\_\_\_.

Action(s) the Receiver must take to initiate a subsequent entry to a standing authorization \_\_\_\_\_

\_\_\_\_\_.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization.

I (we) understand that COMPANY requires at least [X days/weeks] prior notice in order to cancel this authorization.

Receiver’s Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

*Updated 9/17/2021 for Meaningful Modernization Rule Changes*

## 2.) Sample Consumer Authorization for ACH Credit Entries (Direct Deposit)

COMPANY NAME \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) [  ] Checking [  ] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING TRANSIT/ABA NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_ Checking / \_\_ SAVINGS (select one) ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. I am an authorized signer, or otherwise have authority to act, on the account identified above.

NAME(S) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

### 3.) Sample Consumer Authorization for Electronic Transfers

#### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSFERS

I (we) hereby authorize \_\_\_\_\_, hereinafter called FINANCIAL INSTITUTION, to initiate debit/credit entries to my (our) [  ] Checking [  ] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING TRANSIT/ABA NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

This recurring/non-recurring transaction is to begin on \_\_\_\_\_ (date) and occur \_\_\_\_\_ (frequency and/or dates) thereafter in the amount of \$ \_\_\_\_\_.

I (we) further authorize FINANCIAL INSTITUTION to debit/credit my (checking, savings, loan, etc.) account number \_\_\_\_\_ at FINANCIAL INSTITUTION at the same frequency and dollar amount. [disclose any fees for the transfer]

This authority is to remain in full force and effect until FINANCIAL INSTITUTION has received written notification (within time frame) from me (or either of us) of its termination in such time and in such manner as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it. I am an authorized signer, or otherwise have authority to act, on the account identified above.

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_