

## ACH Debit Authorization Form

UTHORIZATION AGREEMEN	T FOR DIRECT PAYMEN	TS (ACH DEBIT	TS)			
ompany Name: Western Po ompany ID Number: 18202	•					
(we) hereby authorize Western I Checking Account Savings Account dicated below at the depository rigination of ACH transactions to	financial institution named b	elow, hereinafter (	called DEPOSITORY, and to debit		(we) acknowledge that the	
EPOSITORY INFORMATION						
epository Name			Branch			
ddress			City	State	Zip	
outing Number (9 Digits)			Account Numbe	Account Number		
ame(s)			(Please Print)			
ignature				Date		
		Do not in Check	No.			
PAY TO THE ORDER OF  ANYTOWN BANK Anytown, MD 2000	Date	\$ DOLL/				
For   123456789	1234567890	7783	_			
Rounting Number	Account Number	Check No.				

Please attach a **VOIDED CHECK** to this authorization if a checking account will be debited.

The routing and account numbers may be in different places on your check.