

Automatic Debit Authorization Form (ACH Debit)

To: _____ (henceforth the "**Service Provider**")

Address: _____

City: _____ State: ____ Zip: _____

My **Service Provider** Account Number: _____

Effective ___/___/_____, I authorize the **Service Provider** to debit my First American Bank account in the recurring amount of:

Full Payment Minimum Payment Other _____

If possible, please debit my account on the ___ of each month. This Automatic Debit Authorization terminates any previous authorization received by the **Service Provider** from me.

First American Bank Account Information

Bank Name: First American Bank

Account Number: _____

Routing Number: 071922777

Please remember to attach a voided check from your First American Bank account.

Customer Authorization

Full Name (Print) _____

Signature _____

Date _____