

YCAP ACH Authorization Forms (NACHA)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: _____ COMPANY ID NUMBER: _____

I (WE) HEREBY AUTHORIZE _____, HEREINAFTER CALLED *COMPANY*, TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO 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: _____ BRANCH: _____
CITY: _____ STATE: _____ ZIP: _____
ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

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* AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT,

NAME(S): _____ TAX ID NUMBER: _____
(PLEASE PRINT)

DATE: __/__/____ SIGNED: _____ SIGNED: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.