

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Company Name:** \_\_\_\_\_

I (We) hereby authorize Parker Corporate Services, Inc., hereinafter called COMPANY, to initiate debit entries to my (our):

**Select One:**                      **Checking Account**                      **Savings Account**

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and regulations.

**Depository Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Date of Debit:** 15<sup>th</sup> of Month

**Recurrence:**      **Monthly - Amount to Debit:** Balance Due on Monthly Invoice

**One Time - Amount to Debit:** \_\_\_\_\_ **Invoice #:** \_\_\_\_\_

I (We) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking day.

This authorization 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):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please attach a voided check or financial institution account verification document to this form.

Completed forms may be faxed to (360) 671-9184 or emailed to AcctsRec@parkercorporation.com

**Internal Use Only:** Account ID \_\_\_\_\_ Division: \_\_\_\_\_