

# ACH AUTHORIZATION FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_ (“Recipient”/“Vendor”), hereby authorize  
\_\_\_\_\_ (“Company”) to initiate credit/debit entries  
and adjustments through the Automated Clearing House (“ACH”) system to the account listed  
below. This authority will remain in effect until terminated by either party in writing. Company  
will be notified by Recipient/Vendor in writing to cancel any transaction in sufficient time to  
give Company a reasonable opportunity to act on it. Both parties to this agreement agree to  
indemnify and hold harmless, the Company’s financial institution, PriorityOne Bank, its officers,  
directors, employees, agents and any person, firm or corporation now or hereafter acting as agent  
for said PriorityOne Bank in any capacity, and any successors in any such capacities and  
successors and assigns of PriorityOne Bank, from and against any loss, claim, damage and  
expense in connection with, or arising out of this authorization.

Recipient/Vendor Account Name: \_\_\_\_\_

Recipient/Vendor Bank Name: \_\_\_\_\_

Recipient/Vendor Bank Routing Number: \_\_\_\_\_

Recipient/Vendor Account Number: \_\_\_\_\_  Checking  Savings

\_\_\_\_\_  
Recipient/Vendor Printed Name

\_\_\_\_\_  
Company Printed Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature