



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NAME: _____ COMPANY: _____
(please print) (please print)

Phone: _____ Cell: _____

Email: _____

I hereby authorize **DOCK TO DOOR**, to automatically withdraw funds from my (select one)

- ☐ Checking Account
or
☐ Savings Account

as identified below; and the FINANCIAL INSTITUTION named below to accept such withdrawals initiated by DOCK TO DOOR as previously agreed upon with DOCK TO DOOR. In the event of an incorrect amount or entry, I authorize DOCK TO DOOR to reverse this transaction.

FINANCIAL INSTITUTION (bank): _____

TRANSIT ROUTING/
ABA NUMBER: _____ ACCOUNT NO.: _____

This authorization is to remain in full force and effect until DOCK TO DOOR has received written notification from me of its termination in such time and in such manner as to afford DOCK TO DOOR and FINANCIAL INSTITUTION a reasonable opportunity to act upon it or as otherwise provided by law. This AUTHORIZATION AGREEMENT shall be governed under the laws of the State of Utah.

DATE: _____ SIGNATURE: _____

Please attach a **VOIDED CHECK** here.