

ACH DEBIT AUTHORIZATION FORM

I hereby authorize **Network Community Management** (Company) to initiate debit/charge entries to my Account indicated below at the Financial Institution named below and to debit the same to such account.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Routing Number _____

Financial Institution Name _____

Address _____

City/State _____

CLIENT'S PERSONAL INFORMATION

CHECKING Account Number _____

OR

SAVINGS Account Number _____

Client Name _____

This authorization is to remain in full force and effect until written notification from me of its termination in such time and in such manner as to afford Company and the Financial Institution a reasonable opportunity to act on it

Client Signature

Date

PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT