

# ACH Debit Authorization Agreement

I (we) hereby authorize ACER NW, INC, hereinafter called **COMPANY**, to initiate ACH debit entries to my (our)  **Checking Account**  **Savings Account** (check one) indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account, in the event of an error.

I (we) acknowledge that my (our) payment is schedule to on 1<sup>st</sup> of each month or the following business day if 1<sup>st</sup> day is bank holiday. I (we) agree that I (we) will be assessed a **fee of \$25.00** by Acer NW Inc if my (our) bank account has insufficient funds to cover my (our) payment or has returned due to any reason on the 1<sup>st</sup> day of each month or following business day if 1<sup>st</sup> is bank holiday.

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 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) (please print)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

**PLEASE ATTACH A COPY OF A VOIDED CHECK. DO NOT INCLUDE DEPOSIT SLIPS.**