



**AUTHORIZATION AGREEMENT
FOR ACH TRANSACTIONS**

I (we) hereby authorize Bank Forward to initiate **debit/credit** entries to my (our) accounts(s) as indicated below and the financial institution named below, hereinafter called Financial Institution, to **debit/credit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to have available applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least 10 days prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name:

Routing Number:

Financial Institution - City, State, Zip:

Debit Credit

Type of Account Checking Savings Loan

Name on Account

Account Number

Amount \$

Frequency of Transfer:

Start Date of Transfer:

If this date falls on a Saturday, Sunday, or bank holiday this transfer will automatically be made on the following business day.

Name on Account at Bank Forward:

Account Number:

Debit Credit

Type of Account Checking Savings Loan
 Certificate of Deposit

Bank Forward will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement. I acknowledge receipt of the financial institutions Electronic Fund Transfers agreement and agree to the terms set forth in that agreement.

Customer's Name

Signature

Date

Employee Name

ACH Transfer set up:	<input type="checkbox"/> Transfer Addenda _____
	<input type="checkbox"/> PIM Batch # _____
Input Date: _____	By: _____

Cancellation of Request:

I hereby authorize Bank Forward to cancel the above described automatic entry effective as of: _____

Signature