

# ELECTRONIC BANK TRANSFER AGREEMENT (EBT) ACH AUTHORIZATION AGREEMENT (ACH DEBITS)

I (we) hereby authorize the Pregnancy Help Center Torrance, hereinafter called COMPANY, to initiate debit entries to my (our) *(select one)*

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

## Payment Information

Amount of Payment \_\_\_\_\_ Date of Monthly Payment:  5<sup>TH</sup>  
 20<sup>TH</sup>

Please begin my deductions in the **Month of:** \_\_\_\_\_

## Bank Information

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

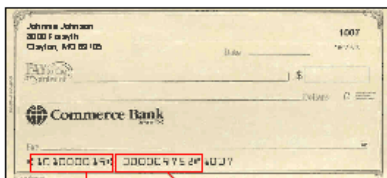
(See image below to located routing number on your check)

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.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



Routing Number



Account Number