

# **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) For U.S. Bank Accounts ONLY**

Company Name: \_\_\_\_\_ Customer # \_\_\_\_\_

I (we) hereby authorize KLEEN-RITE CORP. to initiate debit entries to my (our) Checking 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.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

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

This authorization is to remain in full force and effect until KLEEN-RITE CORP. has received written notification from me (or either of us) of its termination in such manner as to afford KLEEN-RITE and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ ID Number: \_\_\_\_\_  
*Please Print*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**\*\*Please attach voided check\*\***