

Authorization Agreement for Direct Payments (ACH Debits)

Borrower Name: _____

Loan #: _____

I (we) hereby authorize ARIZONA CAPITAL SOURCE, hereinafter called ACS, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter 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. This authorization is to remain in full force and effect until ACS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ACS and DEPOSITORY a reasonable opportunity to act on it.

Depository

Name: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Name(s) under which depository account is held:

Name: _____ Title: _____
(please print)

Name: _____ Title: _____
(please print)

Authorization:

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

 **ATTACH VOIDED CHECK HERE**