
ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize (FatBaldGuyRacing llc) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE Heritage Bank), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until FatBaldGuyRacing llc is notified by me (us) in writing to cancel it in such time as to afford FatBaldGuyRacing llc and THE Heritage Bank a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ and Checking/Savings: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

One Time Withdrawal

Recurring Each Month

One Time Per Year
