

# ACH Authorization Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number/Email: \_\_\_\_\_  
Date: \_\_\_\_\_

## Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize **Sunkist Acres LLC – Sunkist Stables** hereinafter called “Company,” to initiate debit entries to my (our) ☐ **Checking** ☐ **Savings account (select one)** indicated below at the financial institution named below, hereinafter called “Bank,” and to debit the same to such account.

## Bank Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Type of Transaction (check one):

☐ One-Time Payment  
☒ Recurring Payment

Frequency of Payment (if recurring): Monthly  
Payment Amount: \_\_\_\_\_

## Acknowledgment

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 manner as to afford Company and Bank a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

**PLEASE ATTACH A VOIDED CHECK.**

Signature(s): \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Date: \_\_\_\_\_