

# ACH PAYMENT

## CREDIT / DEBIT AUTHORIZATION

Effective \_\_\_\_\_, I (we) authorize Equustock, LLC to initiate a Charge/Credit entry to my

(our) checking/ savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited / debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Bank a reasonable opportunity to act on it.

**Name of Financial Institution:** \_\_\_\_\_

**Location (City & State):** \_\_\_\_\_

**Financial Institution's Routing Transit Number:** \_\_\_\_\_

(Look between symbols "|: |: " on your check)

\_\_\_\_\_  
**Customer /Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Customer /Employee Name (Print Name)**

**Checking Account No.** \_\_\_\_\_

If your account is to be charged, you may select a

**Savings Account No.** \_\_\_\_\_

"Set Amount" \$ \_\_\_\_\_

OR

"Maximum Amount" \$ \_\_\_\_\_

**Please Attach a Copy of a Cancelled Check**