

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

One-Time Direct Deposit Authorization Form

This is permission for a single transaction only. As an authorized signor on the Depository Account presented, by completing and signing this form you give **{ Insert Business Name }** permission to pay/credit your account, one-time, for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until **{ Insert Business Name }** has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor **{ Insert Business Name }** to pay/credit my
(Full name)

account indicated below for \$ _____ on or after _____. This payment is for
(Amount) (Date)

_____. My Account / Invoice Number is _____.
(Description of goods/services/on account)

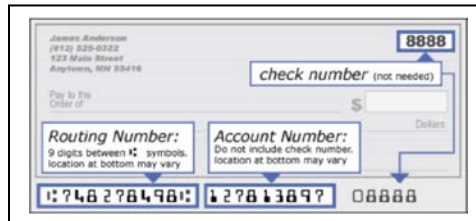
Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Depository Bank _____ Checking

Routing Number _____ Savings

Account Number _____



I authorize **{ Insert Business Name }** to pay/credit the account indicated in this authorization form according to the terms outlined above. This Direct Deposit payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____

DATE _____

Fax to: **{ Insert Business Fax }**

Scan & Email to: **{ Insert Business Email }**

I, _____ hereby **Revoke my Authorization for the pay/credit to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.





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Same-Day Funding
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