



**AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS**

Company Name: **Three Rivers FS**

I (we) authorize Three Rivers FS/financial institution indicated below to initiate debit entries for Direct Payment to my (our) Three Rivers FS account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) understand that this automatic withdrawal will continue to recur on approximately the 10<sup>th</sup> or 27<sup>th</sup> of each month for the amount due in accordance with the terms of my (our) accounts receivable agreement with Three Rivers FS. I (we) may revoke this automated payment authorization at anytime with thirty (30) days written notice to Three Rivers FS, at the address identified below.

I (we) understand that I (we) am responsible for ensuring that the necessary funds are available at the time the withdrawal occurs. I (we) will continue to be responsible for payment should anything prohibit regular payment in this manner. If funds are not available at time of transfer, a \$25.00 insufficient funds charge will be applied to my (our) account. Please contact Three Rivers FS at 563-875-0133 or 800-942-4665 should you have any questions concerning your bill.

Financial Institution Name:	Bank Account Name:
Address:	Bank Routing Number:
City: State:	Bank Account Number:
Zip:	Select one: <input type="checkbox"/> Draw funds mid-month (approx. the 10 <sup>th</sup> ) <input type="checkbox"/> Draw funds Late month (approx. 27 <sup>th</sup> )

Three Rivers FS Account ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name:							
Signature:				Date:			

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**