



Authorization Agreement for Automatic (ACH Debit)

Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Your Company Name: _____

Address (as it appears on your bank statement):

Phone: _____ Fax: _____ Email: _____

I hereby authorize **Ohio Electronic Protection, Inc.** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below: (select one)

- Checking (Please attach a voided check for verification purposes.)
- Savings (Please attach a deposit slip with account information for verification purposes.)

and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository Name: _____

Banking Institution & Branch: _____

Address: _____

Phone: _____

9 Digit ABA Routing Transit No.: _____

Account No.: _____

This authority is to remain in full force and effect until **Ohio Electronic Protection, Inc.** has received written notification from me of its termination in such time and in such manner as to afford Ohio Electronic Protection, Inc. and DEPOSITORY a reasonable opportunity to act on it.

SSN or Taxpayer ID Number: _____

Date: _____ Signed: _____

Please print your name and title.

Optional: Recurring Payments Monthly Quarterly Semi-Annually Annually

Optional: Date of recurring transaction: _____