

Direct Debit Payment Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hereby authorize [Company Name] to initiate debit entries to my account at [Your Bank Name] for payment of my [Specify Service/Invoice].

Account Details:

Account Holder Name: [Your Name]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

This authorization will remain in effect until I notify [Company Name] in writing to cancel it, allowing [Company Name] a reasonable opportunity to act on it.

Thank you for providing this service.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]