



Authorization Form for ACH Debits

Client Name: _____

Type of Account (select one): _____ Checking _____ Savings

Bank Name: _____

Routing / ABA Number: _____

Account Number: _____

Client Billing Contact Name & Title: _____

Client Billing Contact Email: _____

Client Billing Contact Phone: _____

Authorized Signature

Sign Name: _____

Print Name: _____

Title: _____

Date: _____

This authorization shall continue in effect unless and until Blue Cypress has received notification from you of its termination at such time and in such manner as to afford Blue Cypress and the debit bank a reasonable opportunity to act on it. In addition, Blue Cypress reserves the right to suspend or terminate services if a pattern of ACH rejection persists.

Please attach a voided check for this account with the signed agreement. Thank you.