Amarillo National Bank
Authorization Agreement for Automatic Debits
(ACH Debits)

Company Name _____

I (we) hereby authorize _____(COMPANY) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ checking ☐ savings account (select one), indicated below.

Account Holder Name _____

City _____ State _____ Zip _____

Bank Routing Number /ABA # _____

Account # _____

This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ _____
(Please print) (Please print)

Signed _____ _____

Dated _____ _____

E-mail: _____