

# Authorization Agreement for ACH Debits (Direct Payments)

**Company Name:**

**Fed. Tax ID#**

I (we) hereby authorize SAVVY REST, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at, the financial institution listed below hereinafter called DEPOSITORY. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and the FINANCAL INSTITUTION reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository Name:**

**Branch:**

**City:**

**State:**

**Zip:**

**Routing Number:**

**Account Number:**

**Checking**

**Savings**

Circle One

**Name(s):**

**Signature(s):**

**Date:**

Please email this information to [Info@savvyrest.com](mailto:Info@savvyrest.com)

*Savvy Rest*<sup>®</sup>

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