



ACH Debit – Authorization Form

The authorization form gives the ComplianceOne, Inc. and your financial institution authority to withdraw your payment from your account. All you need to do is:

1. Fill in your name, Tax ID number and phone number in the Payor Information section.
2. Fill in ComplianceOne, Inc., and check either your savings or checking account that funds will be debited from.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution
4. Attach a voided check for verification of all financial institution information.
5. Please sign and date the bottom of the form.

Payor Information

Payor Name: _____

Payor Social Security Number: _____

Payor Phone: _____

Authorization for Payment

I authorize ComplianceOne, Inc. to initiate electronic debit entries each month from my:

Check one: Checking Account Savings Account If necessary, credit entries and adjustments for any debit entries

to this account. I acknowledge that the origination of ACH transactions to my account and comply with the

provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Bank Account Information

Financial Institution Name: _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

Payor Authorization

Signature: _____

Date: _____

Please staple voided check to side of this page.