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# ACH Authorization Form

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*Alaska Municipal League MID 99340*

## **CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize Alaska Remote Sellers Sales Commission (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. 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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_, signing on behalf of \_\_\_\_\_ (name of your company)  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_