



Authorization Agreement For Direct Telephone Payments (Non-Recurring ACH Debits)

Banking regulations require CredAbility to notify you of pending drafts before the funds will be removed from your account, unless we have your written authorization on file. If you cannot provide us with an email address to notify you, this form must be completed and returned to CredAbility. Afterwards, we can take your request over the phone.

Do not use this form if you want us to draft your checking or savings account on the same day each month and for the same amount (recurring). To get the application for the Auto Deposit System (ADS), go to www.CredAbility.org/en/faq.aspx

I (we) hereby authorize CredAbility to initiate non-recurring drafts from my (our) _____ Checking Account/ _____ Savings Account (select one) indicated at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

BANK OR CREDIT UNION NAME		
BRANCH (if known)		
CITY	STATE	ZIP
ROUTING NUMBER (must be nine digits)	ACCOUNT NUMBER	

This authorization will remain in effect until CredAbility has received written notification from the undersigned to cancel it. The cancellation request must include the client's name, client number and the last four (4) digits of the checking or savings account number. The cancellation will be effective no later than five (5) days from receipt. Any bank drafts submitted before the cancellation cannot be voided or deleted.

CLIENT NAME(s)	Please Print
CLIENT NAME(s)	Please Print
CLIENT ID NUMBER	DATE
CLIENT SIGNATURE	
CLIENT SIGNATURE	

Return this form to:
CredAbility • 270 Peachtree Street NW • Suite 1800 • Atlanta, GA 30303 or fax it to **404.653.8896**
Email: Zzzach@CredAbility.org

IMPORTANT: This authorization may be cancelled only by notifying CredAbility in the manner specified above.