

## ACH DEBIT PROCESSING AUTHORIZATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Member ID #

\_\_\_\_\_  
Bank Name and Address

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account Number

### AUTHORIZATION FOR ACH PROCESSING

I hereby authorize First Nonprofit Unemployment Savings Program to withdraw funds for the Unemployment Savings Program Invoice from the above named account on a \_\_\_\_\_ (Monthly or Quarterly) period per the contract agreement

### CANCELLATION OF AUTHORIZATION FOR ACH PROCESSING

I hereby cancel the Authorization for previously submitted.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please return this form to Kim Dass by email to [kdass@firstnonprofit.com](mailto:kdass@firstnonprofit.com)**