

## **Authorization for Direct Investment via ACH (ACH Debit)**

I (we) hereby authorize Mental Health Association of South Central Kansas (“MHA”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits<sup>1</sup>) as follows:

Checking Account/  Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

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

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

Amount of monthly debit(s): \_\_\_\_\_  
(All debits will be done on the 1<sup>st</sup> of the month, or first business day, as appropriate.)

I (we) understand that this authorization will remain in full force and effect until I (we) notify MHA in writing that I (we) wish to revoke this authorization. I (we) understand that MHA requires at least three (3) days prior notice in order to cancel this authorization.<sup>2</sup>

Name(s) Printed \_\_\_\_\_

Date \_\_\_\_\_

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

<sup>1</sup>The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

<sup>2</sup>Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., “In writing by mail to 100 Main Street, Anytown, KS that is received at least three (3) days prior to the proposed effective date of the termination of authorization”).