



ACH Authorization Form

Credit/Debit Authorization Form

I (we) hereby authorize Richard Stone & Associates (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. The authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such a time to afford THE COMPANY and THE FINANCIAL INSTIUTION a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution –Branch, City, State, & Zip

Signature

Date

Name (please print)

Address (please print)

Set amount of _____ or Maximum Amount of _____

Financial Institution Routing Number _____

Checking/Savings Account Number _____