PPD SAMPLE AUTHORIZATION

AUTHORIZATION AGREEMENT / DIRECT PAYMENTS ACH DEBIT

I (we) herby authorize _____(company name), hereinafter called Company, to debit entires and, if necessary, credit entries to correct erroneous debits from the account at the Financial Institution named below, hereinafter called Financial Institution. If a Debit is scheduled to take place on a non-banking date, the transaction will take place on the next banking day. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

_____   _____
FINANCIAL INSTITUTION   **ACCOUNT NAME**

_____   _____
ROUTING/TRANSIT NUMBER   **ACCOUNT NUMBER**

ACCOUNT TYPE   **CHECKING**   **SAVINGS**

ONE TIME DEBIT AMOUNT $ _____

RECURRING AMOUNT   **$**   _____

RANGE MINIMUM $_____   **RANGE MAXIMUM $**_____

This authority is to remain in full force and effect until Company has received written notification from me of termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____   _____
PRINT AUTHORIZED SIGNER'S NAME   **TITLE**

_____   _____
SIGNATURE   **DATE**

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

CCD SAMPLE AUTHORIZATION

AUTHORIZATION AGREEMENT / DIRECT PAYMENTS ACH DEBIT

We _____(company name), hereby authorizes_____(your company name), hereinafter called Company, to debit entires and, if necessary, credit entries to correct erroneous debits from the account at the Financial Institution named below, hereinafter called Financial Institution. If a Debit is scheduled to take place on a non-banking date, the transaction will take place on the next banking day. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

_____
FINANCIAL INSTITUTION

_____
ACCOUNT NAME

_____
ROUTING/TRANSIT NUMBER

_____
ACCOUNT NUMBER

ACCOUNT TYPE   **CHECKING**   **SAVINGS**

ONE TIME DEBIT AMOUNT $ _____

RECURRING AMOUNT $ _____

RANGE MINIMUM $_____   **RANGE MAXIMUM $**_____

This authority is to remain in full force and effect until Company has received written notification from me of termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____
PRINT AUTHORIZED SIGNER'S NAME

_____
TITLE

_____
SIGNATURE

_____
DATE

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

SAMPLE WEB AUTHORIZATION REQUIREMENTS

Originator must keep the authorization, whether it is the actual document or an electronic copy, for 2 years following termination of the authorization.

» The authorization for web entries can be written, signed or similarly authenticated

» The receiver (consumer)must be able to read the authorization languange on the screen

» The authorization must be readily indentifiable as an ACH debit authorization

» The authorization must be clearly and conspicuously state its terms

» The Originator must provide a method for revoking the authorization if it is a recurring entry

» The Consumer must be prompted to print or be provided with a hard copy upon request

Originators of WEB entries also agree to the following:

» Originator has employed a commercially reasonable fraudulent transaction detection system to screen each entry

» Originator has employed commercially reasonable methods of authentication to verify the identity of the receiver (ie, PIN, Account Number, Password, etc)

» Originator will use commercially reasonable procedures to verify that routing numbers are valid

» Originator will implement secure internet session 128-bit encryption technology prior to receiver key entry

Originator will conduct annual audit to ensure that the financial infomration it obtains from the receiver (consumer) is protected by security practices and procedures that include, at minimum, adequate levels of
1) physical security to protect against theft, tampering or damage,
2) personnel and access controls to protect against authorized access and use, and;
3) network security to ensure capture, storage and deistribution

SAMPLE TELEPHONE AUTHORIZATION NOTIFICATION

YOUR COMPANY NAME
YOUR COMPANY ADDRESS & CONTACT INFORMATION
CLIENT REFERENCE NUMBER

TODAY'S DATE

JOSEPH TRUMAN
1234 MAIN STREET
CHATTANOOGA, TN 37421-8902
REF # 123-45-6789

Dear Joseph Truman

This letter is confirmation of your verbal authoirization (YOUR COMPANY NAME HERE) via phone for payment for (order number, account number, whichever is applicable)

On (enter date, example January 7, 2017) you authorized us to electronically debit your bank account in the amount of $_____ for payment to _____. This debit will be processed on (enter date). Please retain this letter for your records.

If you should have any questions or concerns regarding this transaction, please call us at 1(800) 123-4567.

CUSTOMER SERVICE DEPARTMENT