



## ACH Deposit Agreement Form

### Authorization Agreement

I hereby authorize the Council for Professional Recognition to deposit payments to my bank account at the financial institution named below. I further agree not to hold Council for Professional Recognition responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Council for Professional Recognition receives a written notice of cancellation from me or my financial institution, or until I submit a new form.

### Account Information

Name of Financial Institution: \_\_\_\_\_

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

Account Number: \_\_\_\_\_  Checking |  Savings

Name – Print \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_