

ACH or Direct Deposit Authorization Agreement



I hereby authorize POLICY RESEARCH ASSOCIATES, INC., to initiate ACH or Direct Deposit/Debit to/from my account listed below. I also authorize POLICY RESEARCH ASSOCIATES, INC., to make any adjustments necessary to correct errors to my account listed below.

New **Change**

Bank Name

City

State

ZIP code

Bank Routing/Transit Number

Account Number

Checking

Savings

This authority is to remain in full force and effect until POLICY RESEARCH ASSOCIATES, INC., has received written notification from me to terminate ACH/Direct Deposit.

**Individual or Organization
Name**

**Email Address to Receive
Deposit Notification**

**Social Security Number or
Tax Identification Number**

**Authorized
Signer**

Date

Title

**Joint Account Owner
(if applicable)**

Signature

Date

Note: Please attach a voided blank check or savings account deposit slip (copies of blank checks and deposit tickets are acceptable) to validate account information.