



618 Franklin Street
Michigan City, IN 46360
Phone 219-809-0066
FAX 219-879-6659

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT FROM CHECKING (ACH DEBIT)

Customer Name _____ Acme Account Number _____

I (we) hereby authorize **Acme Communications Inc.**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same such account on the date designated by **COMPANY**. I (we) acknowledge that the origination of ACH transactions to my (our joint) account must comply with the provisions of U.S. law.

Financial Institution Information

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

ALL ACH DEBITS FROM CHECKING ACCOUNTS WILL OCCUR ON THE 15TH OF THE MONTH.

If your ACH Debit is returned for insufficient funds a \$20.00 charge will apply.

We will also need a copy of a voided check attached to this form

Customer Name(s) _____ (Please Print) _____ (Please Print)

Date _____ Signature(s) _____

Signature(s) _____