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# IREMSC ACH Authorization Form

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## *CREDIT/DEBIT AUTHORIZATION FORM*

I (we) hereby authorize **Interior Region EMS Council** to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IREMSC is notified by me (us) in writing to cancel it in such time as to afford IREMSC and THE FINANCIAL INSTITUTION 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: \_ or Maximum Amount: \_

Attach copy of voided check or list the following numbers:

Financial Institution Routing Number: \_

Checking/Savings Account Number: \_

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number Account Number