



ACH Request Form\ Debits

Authorization agreement for automatic debit (ACH Debits)

Company (issuer) Name: Mid Valley Financial

I authorize the above named **Company** and Financial Institution to electronically withdraw funds one time from my account for the following purpose: _____

Select one:

Amount: \$ _____

☐ Checking ☐ Savings

Account Number _____

ACH Routing Number _____

If monies to which I am not entitled are deposited to my account, I authorize the **Company** (issuer) to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

Customer Name	
Address	
Phone Number	Social Security
Signature	Date

Staple a voided check to this completed form and mail to the company.

Company	
Address	
MidValley:	Date