

## ACH Authorization Form

Discs Unlimited, Inc.  
7 North 1<sup>st</sup> Street  
Herington, KS 67449

### CREDIT/DEBIT AUTHORIZATION FORM

I (We) hereby authorize **Discs Unlimited Inc.** to initiate entries to my (our) 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 **Discs Unlimited Inc.** is notified by me (us) in writing to cancel it in such time as to afford **Discs Unlimited Inc** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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(Name of Financial Institution)

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(Address of Financial Institution)

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(Signature)

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(Date)

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(Name – PLEASE PRINT)

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(Address – PLEASE PRINT)

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Financial Institution Routing Number

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Account Number

Checking  | Savings

These numbers are located in the bottom of your **check** (not a deposit slip) as follows:



\*A Fee of \$25.00 will be charged to your account if funds are unavailable at time of transfer\*