Loudoun County Chamber of Commerce

ACH Debit Authorization Form

I (we),\_**\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**\_**\_\_, hereby authorize the Loudoun County Chamber of Commerce, hereafter called COMPANY, to initiate debit entries to my (our) Account indicated below and the financial institution below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account for ITEM listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City & State) (Zip)

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Checking \_\_\_Savings

(Routing Number) (Account Number)

Frequency \_\_\_\_Monthly \_\_\_\_Quarterly

Account Type \_\_\_\_Business \_\_\_\_ Personal

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_Membership Dues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 a time and manner as to afford Company and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Individual ID Number) (Date)



**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**



For questions or concerns please contact Linda Coffey, Loudoun Chamber

Direct 571-209-9022 or [lcoffey@loudounchamber.org](mailto:lcoffey@loudounchamber.org)