



# Authorization Agreement for Pre-Authorized Payments (ACH Debits)

I authorize the above named Originating Company to initiate debit entries or adjustments for any debit entries to my (our) checking account listed below.

The authority is to remain in full force until Automotive Aftermarket Association Southeast Employee Benefit Fund (AAASEBF) has received written notification from the member company of its authorization agreement's termination in such manner as to afford AAASEBF a reasonable opportunity to act on it.

I understand that ACH debit transactions will occur on the 10th day of the month billed. Debit amount will vary according to monthly billing.

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Financial Institution Name

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Routing Number

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Account Number

Checking

Savings

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Company Name

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Company Address

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Authorized Signature

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Effective Date of ACH Debit

▶ **Voided check required with authorization** ◀