AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 58957 (8-2008)

Name	Loan Number

I hereby authorize North Dakota Veterans Affairs to make withdrawals from my account as specified below until the loan is paid in full.

Amount to Withdraw	Type of Account ☐ Checking ☐ Savings
Date to Withdraw ☐ 1st ☐ 15th	Starting Month

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Financial Institution	Branch	
City	State	Zip Code
Routing Number	Account Number	

This authorization is to remain in full force and effect until North Dakota Veteran's Affairs has received written notification from me of its termination in such time and in such manner as to afford North Dakota Veteran's Affairs and my financial institution a reasonable opportunity to act on it.

Name (Please print)	Date
Signature	

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION

PLEASE ATTACH A VOIDED CHECK