



**BEACON FUNDING CORPORATION**  
28 Lord Road, Suite 230 • Marlborough, MA 01752  
Phone 800.866.6396 • Fax 508-229-7899

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED FIXED WITHDRAWAL (ACH DEBIT)

**Instructions:** Complete the form below, sign and attach an unsigned, voided check from your account. Fax the completed form to 508-229-7899.

I (we) authorize Beacon Funding Corporation hereafter called "Agency", to initiate a withdrawal (debit entry) to my (our) checking account indicated below and the banking institution named below, hereinafter called "Institution", to debit the same such account.

Such withdrawal shall be equal to \$ \_\_\_\_\_ on \_\_\_\_\_ (date or up to two business days after receipt of faxed authorization)

I (we) further authorize "Agency" to initiate credits or debits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. It is agreed that the withdrawal(s) and adjustment(s) may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authority is to remain in full force and effect until "Agency" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Agency" and "Institution" a reasonable opportunity to act on it prior to depositing to the account. I acknowledge receipt of a filled in copy of this Authorization.

### AUTHORIZATION FORM

Bank Name: \_\_\_\_\_  
Bank Phone Number: \_\_\_\_\_  
Bank Transit ABA: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Customer (Company Name): \_\_\_\_\_ Beacon ID #: \_\_\_\_\_  
Customer Signature: \_\_\_\_\_  
Authorizing Party Name (printed): \_\_\_\_\_  
Title: \_\_\_\_\_ Agreed To Date: \_\_\_\_\_  
Customer Address: \_\_\_\_\_

**Attach unsigned and voided check here.**