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# Hilltop ACH Authorization Form

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## *CREDIT/DEBIT AUTHORIZATION FORM*

I (we) hereby authorize Hilltop Community Resources, 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 Hilltop is notified by me (us) in writing to cancel it in such time as to afford Hilltop and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution - Branch, City, State, & Zip \_\_\_\_\_

\_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Name – (PLEASE PRINT) \_\_\_\_\_

Address – (PLEASE PRINT) \_\_\_\_\_

Email – (PLEASE PRINT) \_\_\_\_\_

Please attach a blank, voided check or provide the following information:

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆  
Routing Number Account Number