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ACH Authorization Form

I (we) hereby authorize REGIONAL ACCESS to initiate entries to my (our) checking/savings accounts at the financial institution listed below for the agreed upon purchases, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until REGIONAL ACCESS is notified by me (us) in writing to cancel it in such time as to afford REGIONAL ACCESS and TOMPKINS TRUST COMPANY a reasonable opportunity to act on it. Declined payments for any reason will result in a \$20.00 returned payment fee.

 (Name of Financial Institution)

 (Address of Financial Institution - Branch, City, State, & Zip)

 (Name - PLEASE PRINT)

 (Address - PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Attach copy of voided check for confirmation:

Copy of Voided Check

 (Signature)

 (Date)

Note: this may be signed electronically by typing in authorized name. Please note this will be considered an official signature and approval to move forward and process the application.