



## **ACH AUTHORIZATION FORM**

## **FOR BOOST PROGRAM**

### **CREDIT/DEBIT AUTHORIZATION FORM**

I (we) \_\_\_\_\_ hereby authorize GRPA to initiate entries to our checking/savings account at the financial institution listed below.

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

Address of Financial Institution: \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorizer: \_\_\_\_\_

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

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