



Direct Payment Plan Authorization Form

Please use this authorization form if debit amount is variable.

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I, as a legal representative for the below named business entity, authorize the Idaho State Liquor Division (ISLD) to initiate electronic debit entries to the below detailed: checking account or savings account. This debit is to collect monies due to the Idaho State Liquor Division which are payable for the purchase(s) by below named business entity of ISLD merchandise. I acknowledge that the origination of the ACH transactions to this account must comply with the provisions of U.S. law. This authority will remain in effect until cancelled in writing.

I agree to notify ISLD's Chief Financial Officer in writing of any changes in this account information or termination of this authorization at least 15 days prior to the next purchase. If payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account at such time that I (licensee or its representative) take possession of the merchandise. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand and agree that ISLD may at its discretion attempt to process the charge again within 2 business days, and I agree and acknowledge that ISLD may charge an additional \$3.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute these scheduled payments with my bank so long as the transaction corresponds to the terms indicated in this form.

Business Entity : _____ DSN: _____

Date _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Staple Voided Check Here

Source: Direct Deposit and Direct Payment, www.directdeposit.org and www.directpayment.org.