



## Ravenel Associates, Inc.

### **AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS**

Name of Association: \_\_\_\_\_

Association Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Association Address: \_\_\_\_\_

I/We hereby authorize Ravenel Associates, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (select one)  Checking  Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\*ACH debits will be processed between the 1<sup>st</sup> and 5<sup>th</sup> of the month

\*Your account must have a zero balance to qualify for this service.

\*Your ACH will go into effect immediately.

NAME \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

**Please attach a voided check or a letter from your bank to expedite your request.**

**Return complete forms to: [accounting@ravenelassociates.com](mailto:accounting@ravenelassociates.com)  
or**

**Return complete forms to:  
Ravenel Associates, Inc.  
960 Morrison Drive, Suite 100  
Charleston, SC 29403**