ACH Deposit Authorization Form

**For security purposes, handwritten forms cannot be accepted.*

By signing the Original Works-Yours, Inc. ACH Authorization Form and completing the information below, undersigned is expressly authorizing Original Works-Yours, Inc. to deposit all payments via ACH using the account information provided.

Customer Account Information

Account type (check one): ☐ Personal ☐ Business

Banking type (check one): ☐ Checking ☐ Savings

Company Name:

Account Number:

Routing Number:

Name on Account:

Telephone: Email for Receipt:

I authorize Original Works-Yours, Inc. to deposit the payment to my bank account indicated in this authorization form according to the terms outlined above and, if necessary, to initiate adjustments for any transactions credited/debited in error. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Original Works-Yours, Inc. in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this bank account and that I will not dispute the deposit with my bank, provided the transactions correspond to the terms indicated in this authorization form.

Signature of Account Holder:

Upon completing the bank account information above, please email a signed copy to finance@originalworks.com.

Direct link: mailto:finance@orignalworks.com?subject=Profit ACH Form