

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **DAKOTA GOLD** to initiate entries to my (our) checking/savings account(s) at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until DAKOTA GOLD is notified by me (us) in writing by the 25th of the month preceding the next draft to cancel transaction(s) in such time as to afford DAKOTA GOLD and THE FINANCIAL INSTITUTION a reasonable opportunity to act on any transaction(s). If you do not notify DAKOTA GOLD your account will be debited until further notice.
THESE ARE NON-REFUNDABLE TRANSACTIONS.

Please initial

_____ I have read and understand the above information.

(Name of Financial Institution)

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

(Signature) (Date)

(PLEASE PRINT your name and child's name)

(Address - PLEASE PRINT)

Set Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check.

Please also attach a VOID check.