

# 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 25<sup>th</sup> 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.