ACH Debit Authorization Agreement



Debit - Other Financial Institution Credit - Home Depot Loan Services (Serviced by GreenSky Trade Credit, LLC)

Step 1: Fill out and complete form Step 2: Print and Fax form to 404-832-4090								
Complete this form if you want us to <i>debit</i> your account at anot debited.)	her institution.	(You must	be an a	account-	holder on	the accou	nt being	
☐ New Authorization ☐ Change Authorization (☐ Bank		<i>,</i>	ancel	Authori	zation fo	r \$		
Del	oit Instructions							
Please debit my account at the Financial Institution listed below:								
FINANCIAL INSTITUTION NAME			AMOUNT TO DEBIT					
				\$				
ROUTING NUMBER	CHECKING ACCOU	NT NUMBER		'				
LIST NAME(S) OF ALL ACCOUNT-HOLDER(S)					<i>A</i>	ACH DATE (MM/	DD/YY) Begin Cancel	
FREQUENCY OF DEBIT					I			
☐ Weekly (Indicate day) M T W TH F								
☐ Monthly (Indicate date 1st - 27th or last day of the month) ☐ Other (Please describe)								
Note: If the date you have requested the ACH trans	action to occu	r is on a w	eeken	d or h	oliday, t	he transa	action will	
occur the previous business day.								
Cre	dit Instructions	•						
Please credit my GreenSky HIF account number (last 10 digits):							
LIST NAME(S) OF ALL ACCOUNT-HOLDER(S)								
	Authorization							
You hereby authorize and request Home Depot Loan Services to the funds according to the above instructions. Funds need to be effective date of the ACH debit. In the event of an error, you aut correct the error.	debit funds from on deposit at the	designated Fi	nancial	Instituti	on on the	evening p	rior to the	
This authorization will remain in full force and effect, and will con receives written notification from you of its termination in such tin reasonable opportunity to act on it.								
You agree to indemnify and hold Home Depot Loan Services ha law), damage or claims related to Home Depot Loan Services as								
holder, payee, or endorsee, or in failing to cancel or process an	item as a result of	f incorrect info	rmatior	n provide	ed by you			
By signing below, you certify that the information you have given true, and submitted for the purpose selected above.	on this ACH Deb	it Authorizatio	n Agree	ement fo	r Direct P	ayments is	complete,	
TO CANCEL THIS AUTHORIZATION YOU M	UST NOTIFY HO	ME DEPOT LO	DAN SI	ERVICE	S IN WRI	TING.		
PRINT NAME OF PERSON AUTHORIZING DEBIT (MUST BE ON ACCOUNT FUNDS ARE BEING DEBITED FROM)			FOR HOME DEPOT LOAN SERVICES USE ONLY					
		REPRESENTATIVE NAME EXT						
DAYTIME PHONE								
				FOR EFT	USE ON	LY		
SIGNATURE OF PERSON AUTHORIZING DEBIT	DATE	DATE RECEIVED		DATE PRO	DCESSED	EFT REP		

Please complete and fax to 404-832-4090