**P A C L E**

## ACH Application Form

Thank you for your interest in participating in the direct debit payment option for remittance of CLE fees. Please complete the authorization form below and attach a deposit ticket or voided check. The Social Security number or EIN is not required.

Upon receipt, a member of our staff will contact you to determine a start date.

Please return the authorization form to the attention of:

Nate Graham, Provider Relations Coordinator

If you have questions, please reach him at:

717-231-3230 or email at ngraham@pacle.org

Thank you.

**The Supreme Court of Pennsylvania Continuing Legal Education Board**

Pennsylvania Judicial Center • 601 Commonwealth Ave • Suite 3400
PO Box 62495 • Harrisburg, PA 17106-2495 • (800) 497-2253 • www.pacle.org

# PACLE

## Authorization for Direct Debit/ Credit Part

### Part 1: Complete All Items

1. *Action to be taken (check one):*

_____ begin direct debit _____ stop direct debit _____ change financial institution

_____ change account number _____ begin direct credit _____ stop direct credit

2. *Employee/ Business Name:* _____

3. *Social Security Number/ EIN Number:* _____

### Part 2: Financial Institution Information

4. *Type of Account (please indicate below the account to debit and include the account number):*

Checking Account Number: _____

*(attach a voided check, please make sure that attached voided check and the account number you have indicated are the same)*

Savings Account Number: _____

*(attach a preprinted deposit ticket)*

5. *Financial Institution Name:* _____

Address _____

City/State _____ Zip _____

6. *Phone Number:* _____

7. *Financial Institution Routing Number -* ___ ___ ___ ___ ___  ___ ___ ___ ___

### Authorization

Unless otherwise indicated above, I hereby authorize and request the PA Continuing Legal Education Board, hereinafter referred to as COMPANY, to direct the transaction amount of (Variable) to/from my account indicated at the Financial Institution designated above on an as needed basis, and I further authorized the Financial Institution to debit or credit the same to such account without responsibility for correctness of such amount.

I agree to notify the PACLE Board thirty (30) days prior to the effective date if I wish to change:

1. The designated Financial Institution
2. The account to which the transaction occurs.
3. To stop the authorization.

Signature _____ Date_____

### To be completed by COMPANY

Date Received _____    Input Date_____    Date Processed _____    Effective Date of Direct Deposit _____