



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:

Pilar A. Sholley, Controller

If you have questions, please reach her at:

1- (800) 497-2253, ext 3228 or (717) 231-3228

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



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 _____