



MAUNA KEA
RESORT SERVICES

ACH Authorization Form

I (we) hereby authorize **Mauna Kea Resort Services, LLC**, to initiate entries to my (our) checking / savings account at the financial institution listed below, and if necessary initiate adjustments for any transactions credited in error. This authority will remain in effect until the company is notified by me (us) in writing to cancel it in such time as to afford the company and the financial institution indicated below reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution- Branch, City, State & Zip Code

Name on the Account

Financial Institution Routing Number

() Savings

() Checking

Bank Account Number

Signature

Date

Name – PLEASE PRINT

Company Name

Address – PLEASE PRINT

Telephone No.

Email address

Please attach a **Voided Check** with this form for verification.