



# NEW HAMPSHIRE SECRETARY OF STATE ACH AUTHORIZATION AGREEMENT

This ACH account will be used for:  UCC Filings  Corporate Filings

Current online login name, if any

ACCOUNT HOLDER NAME

ACCOUNT HOLDER PHONE NUMBER

ACCOUNT HOLDER ADDRESS

AGENT / REPRESENTATIVE NAME

DATE

AGENT / REPRESENTATIVE EMAIL ADDRESS

The e-mail address is where all communication regarding the ACH account will be sent.

BANK (DEPOSITORY) NAME

BANK'S STREET / BOX

BANK'S CITY

BANK'S STATE

BANK'S ZIP CODE

TRANSIT ROUTING NUMBER

BANK ACCOUNT NUMBER

I (we) hereby authorize the NEW HAMPSHIRE SECRETARY OF STATE, hereinafter called COMPANY to initiate debit entries to my (our) checking account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonably time to act on it.

AGENT / REPRESENTATIVE NAME

SIGNATURE

AGENT / REPRESENTATIVE NAME

SIGNATURE

**PLEASE MAIL COMPLETED FORM TO: NEW HAMPSHIRE SECRETARY OF STATE 107 N MAIN ST. ROOM 204. CONCORD NH 03301**