

ACH Debit Authorization

I (we) confirm that my (our) billing information is as follows:

Full name	<input type="text"/>
Phone number	<input type="text"/>
Zip code	<input type="text"/>
Email address	<input type="text"/>

I (we) authorize _____ ("COMPANY") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits for (select one):

- a single (one-time) entry
- recurring entries (that recur at regular intervals without my affirmative action to initiate future entries)
- subsequent entries (initiated under the terms of this standing authorization, that require my affirmative action to initiate those future entries)

as follows:

- Checking Account / Savings Account (select one)

Depository (Bank) Name:

Account Holder Name:

Routing Number:

Account Number:

Amount of debit(s) or method of determining amount of debit(s): \$

Start date:

Number of debit(s):

Frequency of debit(s):

Action(s) I (we) must take to initiate a subsequent entry to a standing authorization:

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY by

that I (we) wish to revoke this authorization. I (we) agree to notify COMPANY of any changes in my (our) account information, I (we) understand that COMPANY requires at least days' prior notice in order to cancel this authorization / amend account information.

If the above noted payment dates fall on a weekend or holiday, I (we) understand that the payments may be executed on the next business day. For ACH debits to my (our) checking/savings account, I (we) understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. I (we) certify that I (we) am (are) an authorized user(s) of this bank account and will not dispute these scheduled transactions with my (our) bank, so long as the transactions correspond to the terms indicated in this authorization form.

Payer's Name(s):

Signature(s):

Date: / /