

ACH Debit Authorization

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

1 Full name

Phone number

Zip code

Email address

I (we) authorize **2** _____ ("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

3 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)

4 Depository (Bank) Name:

Account Holder Name:

Routing Number:

Account Number:

5 Amount of debit(s) or method of determining amount of debit(s):

6 Start date: / /

7 Number of debit(s):

8 Frequency of debit(s):

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

9 _____

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

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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.

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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my (our) checking/savings account, I (we) understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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):

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Signature(s):

Date: / /

| # | Guidance |
|----|---|
| 1 | This is the customer's (i.e. payer's) personal information. As a minimum, you must collect their name, phone number and zip code. If an email address is not available, you can set the customer up in GoCardless via the API / dashboard using your (i.e. merchant's) email address, but you will be responsible for sending any required notifications. |
| 2 | You should insert your (i.e. merchant's) name here. You can do this before you print out the form to be completed by the customer. |
| 3 | These are the different types of authorization which you can set up. A single authorization is a one off authorization to a one-time transfer of funds. A recurring authorization is an ongoing authorization to a regular debit for substantially similar amounts at pre-scheduled intervals. A standing authorization is an advance authorization for non-standard future debits, which must be initiated by the customer through future affirmative action. |
| 4 | This is the customer's (i.e. payer's) bank account information. |
| 5 | You should insert the amount of the payment to be taken under the authorization here. For a single authorization, this will be the one-time payment amount. For a recurring authorization, this can either be the set amount to be regularly paid or, if you expect minor fluctuations, you can insert a reasonable range that the regular payment will fall within. For a standing authorization, you are unlikely to know the amount in advance so you should instead specify "Amount will be determined by future affirmative action". |
| 6 | You should insert the start date of the authorization - i.e. when the customer's authorization becomes effective, on or after which the debit to the account will occur. |
| 7 | You should insert the number of debits to be taken under the authorization. For a single authorization, this will always be one (1). For a recurring and standing authorization, this can be a set amount (for example, twelve (12)), or you may specify "Until revocation or termination". |
| 8 | You should insert the frequency of debits to be taken under the authorization. For a single authorization, you can specify "Not applicable". For a recurring authorization, you need to specify e.g. "daily", "weekly", "bi-weekly", "monthly", "quarterly". For a standing authorization, as the intervals can be irregular, you should instead specify "Timing will be determined by future affirmative action". |
| 9 | This is only relevant for a standing authorization. The payer must affirmatively authorize each future debit under the standing authorization, and you must tell the payer how they provide that affirmative action. For example, "via an online order" or "via phoning ___". |
| 10 | You have to instruct the customer how to revoke the authorization directly with you. This must include the time and manner in which the customer must communicate the revocation to you. |
| 11 | You should insert the number of days' notice that you require to act on the revocation instruction. For a single authorization, where the payment is taking place on the same day and there will not be time to revoke the authorization, make this clear. |
| 12 | Where the authorization is being set up by joint account holders, the authorization will only be valid if signed by both parties. If you are completing this form with information received via the telephone (a TEL debit authorization), you can simply insert "Authorized via telephone call" here. |