ACH AUTHORIZATION

By signing this form, you authorize a single or regularly scheduled charge to your bank account as indicated below:

(Check one)

* **Recurring Charge**
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Customer’s name) hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Merchant’s Name) to charge my [   ] Bank account [   ] Credit Card listed below for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Amount $) on the \_\_\_\_\_\_\_\_\_\_\_\_ (Day) of each [   ] week [   ] month [   ] year as payment for the following [   ] goods [   ] services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Merchant in writing to cancel it at least 15 days prior to the next billing date.
* **One-Time Charge**
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Customer’s name) hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Merchant’s Name) to charge my [   ] Bank account [   ] Credit Card listed below for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Amount $) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) as payment for the following [   ] goods [   ] services:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT INFORMATION

Bank account

Account type: [   ] Checking | [   ] Savings

Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number (#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing number (#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_