



ACH Authorization Form

Choose Your Option Below:

Recurring Billing

In consideration of the goods, products and/or services provided to me by _____, as listed below. I hereby authorize _____ to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called Client Bank, and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

Single Billing

In consideration of the goods, products and/or services provided to me by _____ as listed below, I hereby authorize _____ to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called Client Bank, and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

Name:		Client Bank Name:	
Address:		Account Holder Name:	
City/State/Zip		Last 4 Digits of Account #:	
Phone:		Bank Routing Number:	

I hereby assert that I am either the rightful and legal owner or I am a duly authorized signer on the account with the power to authorize these transactions

Billing Conditions: _____ (as per defined agreement terms)

Print Name: _____

Signature: _____

Date: _____

By signing this agreement, I hereby authorize _____ to electronically debit the checking or savings account indicated above for payments due under this agreement. I understand the effective date of these electronic debits to my account will be the business day on which the payment is due or scheduled per this agreement. I understand that if the debit is returned unpaid due to insufficient funds or my banks electronic draft restrictions, I may be charged a \$25.00 NSF Penalty for the returned item.