

ACH Authorization form

Choose Your Option Below: Recurring Billing In consideration of the goods, products and/or services provided to me by _____ 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. **Bank Information Client Information** Client Bank Name: Name: Account Holder's Name: Address:_____ Bank Account Number: City, State Zip:____ Bank Routing Number (9 digits): Phone:_____ I hereby assert that I am either the rightful and legal owner or I am a duly **Billing Amount** authorized signer on the account with the power to authorize these transactions Amount: 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 that the effective date of these electric 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

Please Provide a Voided Check for Business. (Deposit Slip will not work)

restrictions, I may be charged a \$25.00 NSF Penalty for the returned item.

If not, Have a letter from Bank verifying the Businesses Routing and Account Number on a bank letter head.