

# Recurring ACH Payment Authorization

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate ACH DEBIT/CREDIT (circled) entries to my (our) account at the financial institution named below. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. law and certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I (we) agree that no prior-notification will be provided unless the date or amount changes, in which you receive a notice from the COMPANY at least 10 days prior to transaction.

I \_\_\_\_\_ authorize \_\_\_\_\_ to DEBIT / CREDIT (circled)  
(Full Name) (Company)

my (our) bank account indicated below for \$ \_\_\_\_\_ starting on the \_\_\_\_\_ of the \_\_\_\_\_  
(Amount) (Day)  
\_\_\_\_\_ and will occur \_\_\_\_\_.  
(Week, Month, Etc.) (Frequency)

This payment is for \_\_\_\_\_.  
(Description)

## Account Information

Checking  Savings

Account Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel in writing at least 15 days prior to the next ACH transaction. In the case of an ACH Debit Transactions being rejected for Non- Sufficient Funds (NSF) I authorization that the COMPANY may attempt the process to DEBIT again.

**I have attached proof of account holder information.**

SIGNATURE \_\_\_\_\_  
(Account Holder)

DATE \_\_\_\_\_