CONSUMER ACH PAYMENT AUTHORIZATION FORM

I (we) authorize _____ <insert business name> to electronically debit my (our) account

(And, if necessary, electronically credit my (our) account to correct erroneous debits[1]) as follows:

Bank Account Type:

Personal Checking Account____ Personal Savings Account ____ (select one)

I authorize electronic ACH debits / credits to the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Name on Account: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing #: _____

Bank City/State: _____

This Bank Account is Enabled for ACH Transactions ☐ Yes   ☐ No

Date(s) and/or frequency of debit(s):

One time ____ Recurring____ (select one)

Number of Months_____ Number of Quarters_____ Dollar Amount Authorized_____

I (we) understand that this authorization will remain in full force and effect until I (we) notify <insert business name> in writing that I (we) wish to revoke this authorization. I (we) understand that <insert business name> requires at least 15 days prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

I certify that I am an authorized signer for the account indicated above and that I have the authority to authorize this/these transactions. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date, and that I will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF) I understand that <your company name> may at its discretion attempt to process the charge again within 30 days, and agrees to an additional <insert $> charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I have certified that the above bank account is enabled for ACH transactions, and agree to reimburse <your company name> for all penalties and fees incurred as a result of my bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to this transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank provided the transaction corresponds to the terms indicated in this authorization form.