Sample WEB Authorization Language

SAMPLE   Authorization Form   ****SAMPLE****

Before getting to the screen where the consumer will give his or her authorization, or on that screen, a method that is compliant with the E-Sign Act that similarly authenticates the consumer must be used. Methods used could include a personal identification number, password, etc. Authentication at the time of sign-on to the website may be adequate authentication for a click-through authorization as part of the same session, however, Originators need to consider if authentication at the time of sign-in is enough to link the account holder to a later authorization should they be required to produce proof of authorization/authentication. In addition to any information the company includes to identify the payment being made, the authorization must include the consumer's assent to the transaction. *This authorization language, and the related screen flow, is only a sample. We strongly recommend that prior to using any authorization or authorization language you receive approval from your legal counsel.*

 Screen 1:

To pay your (Company Name and type of bill), enter amount below and click the PAY button

Amount: $_____

 Screen 2:

I authorize _____ (Company Name) hereinafter named COMPANY to initiate a single or __#___ recurring ACH/electronic debit to my account in the amount of $XXX.XX from (can specify either "bank account on record" if account information is retained once it is entered, or provide a space for the entry of account information: checking or savings account, Depository Name, Routing Number and Account Number) on _____(date and/or frequency of debits).

I agree that ACH transactions I authorize comply with all applicable law.

IF THE PAYMENT IS SCHEDULED IN ADVANCE OR THE AUTHORIZATION IS FOR RECURRING DEBITS, INCLUDE THE FOLLOWING:

I understand that this authorization will remain in full force and effect until I notify COMPANY [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I wish to revoke this authorization. I understand that COMPANY requires at least [X days/weeks] prior notice in order to cancel this authorization.

 Payments made after X:XX P.M eastern time will be applied as of the next business day.

To complete the payment process, click the "authorize" button. Once payment is authorized, there cannot be any changes or corrections.

It is recommended that you print a copy of this authorization and maintain it for your records.

AUTHORIZE

Screen 3:

Thank you for your payment. The confirmation below verifies that you have authorized (Company Name) to initiate an electronic payment from your bank account.

Payment Confirmation Number: XXXXXX

Authorized Payment Amount: XXX.XX

Date Authorized: XX/XX/XXXX

Expected Payment Date; XX/XX/XXXX