

<Insert Logo Here>

< Street Address>

< City State Zip>

< Phone Number>

ACH Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your business checking account. Just complete and sign this form to get started!

Here's how Recurring Payments Work:

You authorize regularly scheduled charges to your business checking account. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided if the total payment is under <insert \$>. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

_____ authorizes <insert Business Name> to debit the bank account
(company name)

indicated below on the _____ of each <insert frequency>. Company understands that it
(day or date)
will only receive advance notice of the charge if it exceeds <insert \$>.

Company Name _____ (Company)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Company Name on Account: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing #: _____

Bank City/State: _____

This Business Bank Account is Enabled for ACH Transactions Yes No

SIGNATURE _____

DATE _____

NAME _____

TITLE _____

I certify that I am an authorized representative of the Company indicated above and that I have the authority to authorize these payments on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing, and agrees to notify <business name> in writing of any changes in its account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, Company understands that the payments may be executed on the next business day. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the above noted transaction dates, and that it will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF) Company understands that <business 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. Company has certified that the above business bank account is enabled for ACH transactions, and agrees to reimburse <business name> for all penalties and fees incurred as a result of Company's 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 these transactions. Company acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law. Company agrees not to dispute these scheduled transactions with its bank provided the transactions correspond to the terms indicated in this authorization form.