**ONE (1) TIME BANK (ACH) PAYMENT AUTHORIZATION**

By signing this form, you give us permission to make a one (1) time debit from your checking or savings account for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, [CUSTOMER NAME] (Customer), authorize

[MERCHANT NAME] (Merchant) to charge my bank account indicated

below for $[AMOUNT] on [MM/DD/YYYY].

This payment is for the following: [REASON FOR PAYMENT].

**BILLING INFORMATION**

Billing Address: [STREET ADDRESS] City, State, ZIP: [CITY, STATE, & ZIP]

Phone #: [CUSTOMER PHONE] Email: [CUSTOMER EMAIL]

**BANK DETAILS**

Account Type: [ ]  Savings | [ ]  Checking

Account Name: [ACCOUNT NAME]

Bank Name: [BANK NAME]

Account Number (#): [ACCOUNT NUMBER] Routing Number (#): [ROUTING NUMBER]

**ACCOUNT HOLDER SIGNATURE**

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the event the payment is rejected for Non-Sufficient Funds (NSF), I understand that the Merchant may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional $[NSF CHARGE] charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the Merchant so long as the transaction corresponds to the terms indicated in this agreement.

Account Holder Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [CUSTOMER PRINTED NAME]