

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), authorize
_____ (Merchant) to charge my bank account indicated
below for \$ _____ on _____ (mm/dd/yyyy).

This payment is for the following: _____.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

BANK DETAILS

Account Type: Savings | Checking

Account Name: _____

Bank Name: _____

Account 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I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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 \$ _____ 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: _____ Date: _____ Printed

Name: _____