

ACH DEPOSIT AUTHORIZATION FORM

Company / Account Holder Name: _____

Bank Information:

Bank Name: _____

Bank Address: _____

City, State, ZIP: _____

Routing Number (ABA): _____

Account Number: _____

Account Holder Authorization:

I hereby authorize [Company Name] to initiate debit entries from the bank account indicated above for payments due, and if necessary, initiate adjustments for any debit entries in error. This authorization is to remain in full force and effect until [Company Name] has received written notification from me of its termination in such time and in such manner as to afford [Company Name] and the bank a reasonable opportunity to act on it.

Payment Details:

Payment Amount (USD): _____

Frequency of Payment: _____

Start Date: _____

Terms and Conditions:

1. Authorization Validity

This authorization shall remain in effect until revoked by the Account Holder by providing written notice to the Company.

2. Payment Responsibility

The Account Holder is responsible for ensuring sufficient funds are available in the designated account to cover each payment.

3. Returned Payments

In the event an ACH debit is returned unpaid, the Company reserves the right to charge a returned payment fee and pursue collection.

4. Liability

The Company shall not be liable for any damages or fees resulting from insufficient funds or banking errors.

5. Governing Law

This authorization and all related activities shall be governed by and construed in accordance with the laws of the United States and applicable state laws.

6. Confidentiality

The Company agrees to maintain the confidentiality of bank account information and use it solely for the purpose of

processing authorized payments.

7. Amendments

Any changes to this authorization must be submitted in writing and acknowledged by the Company.

8. Customer Rights

The Account Holder has the right to stop payment of an individual debit entry by notifying the bank in accordance with bank procedures.

9. Dispute Resolution

Any disputes arising under this authorization shall be resolved in accordance with applicable federal and state laws.

10. Acceptance

By signing below, the Account Holder acknowledges and agrees to the terms outlined herein and authorizes the Company to initiate ACH debits.

ACCOUNT HOLDER SIGNATURE

COMPANY REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

Printed Name of Account Holder: _____

Date: _____

Phone Number: _____

Email Address: _____

Note:

Please attach a voided check or bank letter to verify account information. Return this completed form to [Company Name] via mail, fax, or secure email.

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