

ACH PAYMENT AUTHORIZATION REQUEST FORM

Company Name / Individual: _____ Phone: _____

Contact Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Bank Information:

Bank Name: _____

Bank Address: _____

Routing Number (ABA): _____

Account Number: _____

Account Type: _____ Checking / Savings

Authorization Details:

I hereby authorize the above named company to initiate ACH debit entries to my account indicated above and the financial institution

Payment Amount: _____ USD

Payment Frequency: _____

Effective Date: _____

Terms and Conditions:

1. The Company will initiate ACH debits only as authorized for payment of invoices or as otherwise agreed.
2. The client acknowledges that the origination of ACH transactions to their account must comply with the provisions of U.S. law.
3. This authorization will remain in effect until revoked by the client in writing, allowing reasonable time for the Company and bank to process.
4. The client is responsible for ensuring sufficient funds are available in the account to cover debits.
5. The Company and its financial institution shall not be held liable for any fees or charges resulting from insufficient funds or account closure.
6. The client agrees to indemnify and hold the Company harmless for any claims, losses, or damages arising from this authorization.
7. This authorization complies with applicable U.S. NACHA Operating Rules and Regulations.
8. The client understands that ACH transactions are subject to the terms governing the account with their financial institution.

AUTHORIZED SIGNATURE

PRINTED NAME

Date: _____

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