AUTOMATIC PAYMENT AUTHORIZATION FORM

Account Holder Name: _____

Billing Address: _____

_____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Bank Account Information:

Bank Name: _____

Bank Address: _____

Routing Number (ABA): _____

Account Number: _____

Authorization Details:

I hereby authorize [Company Name] (the "Company") to initiate debit entries to my bank account indicated above for payment of invoices or charges owed to the Company. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank a reasonable opportunity to act on it.

Type of Account:

Checking _____ Savings _____

Payment Frequency:

Please select one payment frequency by marking an 'X' next to the preferred option:

[ ] One-time Payment
[ ] Weekly
[ ] Bi-weekly
[ ] Monthly

Authorization and Acknowledgment:

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am authorized to approve debits to this account and that all information provided is accurate and complete. I understand that I may revoke this authorization at any time by providing written notice to the Company.

Authorization Signature:

_____

Signature
Printed Name: _____

Date: _____

For Company Use Only:

Verified by: _____

Date Verified: _____

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