

PAYMENT AUTHORIZATION FORM

Payor Information:

Full Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Payee Information:

Company/Individual Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Payment Details:

Payment Amount (USD): _____
Payment Method: _____
Frequency (e.g., one-time, monthly): _____
Payment Start Date: _____ (MM/DD/YYYY)
Payment End Date (if applicable): _____

Bank Account Information:

Bank Name: _____
Account Holder Name: _____
Routing Number: _____ Account Number: _____
Type of Account (Checking/Savings): _____

Authorization and Agreement:

By signing below, I hereby authorize the Payee named above to initiate debit entries to my bank account indicated above for the payment amount and frequency specified. I acknowledge that this authorization is to remain in full force and effect until I notify the Payee in writing of its termination in such time and manner as to afford Payee and the bank a reasonable opportunity to act on it. I certify that I am an authorized account holder with full rights to authorize debits from this account, and that all information provided herein is true and correct. I agree to indemnify and hold harmless the Payee from any claims, liabilities, or losses arising from this authorization, except those caused by Payee's gross negligence or willful misconduct.

AUTHORIZING PARTY SIGNATURE

PAYEE SIGNATURE

Signature: _____

Signature: _____

This Payment Authorization Form is governed by and construed in accordance with the laws of the United States of America.

The undersigned acknowledges that this authorization complies with the applicable provisions of the Electronic Fund Transfer Act (15 U.S.C. §1693 et seq.) and Regulation E.

The Payor has the right to stop payment by notifying the Payee and their financial institution in time to allow a reasonable opportunity to act on it, and to receive documents. By signing below, the Payor acknowledges receipt of a copy of this authorization.

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