ACH AUTHORIZATION

By signing this form, you authorize a single or regularly scheduled charge to your bank account as indicated below:

(Check one)

☐ **Recurring Charge**
I _____ (Customer's name) hereby authorize _____ (Merchant's Name) to charge my [ ] Bank account [ ] Credit Card listed below for $_____ (Amount $) on the _____ (Day) of each [ ] week [ ] month [ ] year as payment for the following [ ] goods [ ] services: _____ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Merchant in writing to cancel it at least 15 days prior to the next billing date.

☐ **One-Time Charge**
I _____ (Customer's name) hereby authorize _____ (Merchant's Name) to charge my [ ] Bank account [ ] Credit Card listed below for $_____ (Amount $) on _____ (Date) as payment for the following [ ] goods [ ] services: _____ (Description of Goods / Services).

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Billing Address:_____

Phone number: _____ Email address: _____

PAYMENT INFORMATION

Bank account

Account type: [ ] Checking | [ ] Savings

Account name: _____

Bank name: _____

Account number (#): _____

Routing number (#): _____

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: _____ Date: _____