ACH DEBIT AUTHORIZATION

Authorization for direct payment via ACH

COMPLETE, SIGN, AND RETURN TO THE BUSINESS NAMED ABOVE

I authorize _____ ("Company") to electronically debit the account identified below at the financial institution named below, and, if necessary, to electronically credit that account to correct erroneous debits. I agree that ACH transactions under this authorization must comply with all applicable U.S. law and NACHA operating rules.

PAYMENT TERMS

> A single debit of $_____, initiated on or after _____.

ACCOUNT INFORMATION

ACCOUNT HOLDER (PERSON OR BUSINESS)

FINANCIAL INSTITUTION

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

Account type: ☐ Checking ☐ Savings

Attach a voided check to verify account details.

REVOCATION

This authorization remains in effect until I revoke it by the following method: Written notice to the Company at the address or email it provides, at least 10 business days before the next scheduled debit.

SIGNATURE OF ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE

PRINTED NAME & TITLE

DATE