

# 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: \_\_\_\_\_

Account Type: \_\_\_\_\_ (Checking / Savings)

## Payment Authorization:

I hereby authorize and request the company identified below to initiate debit entries from the bank account specified above for payment of invoices or charges due. This authorization will remain in effect until I provide written notice of cancellation at least 30 days prior to the next scheduled payment date.

## Company Information:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

## Payment Schedule / Frequency:

Monthly       Quarterly       Annually       Other: \_\_\_\_\_

## Terms and Conditions:

1. The company will notify me in writing of any changes to the payment amount or schedule at least 10 days prior to the debit date.
2. I understand that it is my responsibility to ensure sufficient funds are available on the debit date.
3. I will notify the company of any changes to my bank account information at least 10 days prior to the next scheduled debit.
4. In the event of a failed debit due to insufficient funds or closed accounts, I acknowledge that additional fees may be assessed and
5. This authorization complies with the United States Electronic Fund Transfer Act and other applicable laws.
6. This authorization is binding and may only be revoked in writing by the account holder.

## Authorization and Signature:

By signing below, I certify that I am the authorized account holder or have obtained authorization from the account holder to initiate electronic payments as described above. I agree to the terms and conditions set forth in this authorization form.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Relationship to Account Holder: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

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