

AUTHORIZATION FOR SINGLE DIRECT PAYMENT (ACH DEBITS)

Merchant Information

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

RE: ACH Authorization

In consideration of the goods, products and/or services provided to me by MERCHANT, as listed above, I hereby authorize MERCHANT to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

Branch (City, State, Zip):

Checking Account Number (No Savings Accounts):

Routing Number:

Amount: \$ _____

Effective Date: ____/____/____ (mm/dd/yyyy)

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to MERCHANT for the amount listed above is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date.

I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above, and only in the case that I return the good, product and/or service provided to me by MERCHANT pursuant to their particular return policy in effect the date this authorization is granted.

Name: _____
(Please Print)

Date: _____

Signature: _____