



Auto ACH Payment Authorization Form

Company Information

Company Name: _____

Primary Contact: _____ Phone: _____

Email Address: _____

Payment Type

- ☐ **Automatically** bill all charges to the ACH account listed below each billing cycle. This is a **free service**, but I understand that if ACH funds are unavailable, I will be charged an ACH Non-Sufficient Funds (NSF) fee of \$35.00. Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date. I understand that my ACH may be charged up to three (3) business days before the invoice due date. This authorization is valid until I provide written cancellation.

ACH Bank Draft Details

Bank Name: _____ Name on Account: _____

Routing Number: _____ Account Number: _____

The diagram shows a check from Nationwide. The fields are labeled as follows:

- ROUTING NUMBER:** 044072324
- ACCOUNT NUMBER:** 000123456789
- CHECK NUMBER:** 123

Other fields on the check include: YOUR NAME, 1234 Main Street, Anywhere, OH 00000, DATE, PAY TO THE ORDER OF, \$, and DOLLARS.

X

Signature of Authorized Company Representative

Printed Name

Date