

**{ Insert Business Logo }**

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

## Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give **{ Insert Business Name }** permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until **{ Insert Business Name }** has received written notification from me of its termination. \*\*

### Please complete the information below:

I \_\_\_\_\_ as an authorized signor **{ Insert Business Name }** to charge/debit my  
(Full name)

account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_. These payments are for  
(Amount) (Date)

\_\_\_\_\_. My Account / Invoice Number is \_\_\_\_\_.  
(Description of goods/services/on account)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

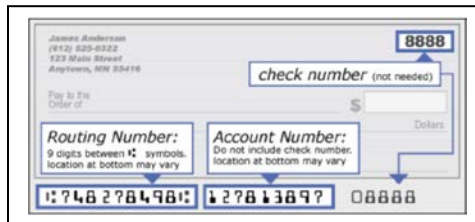
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Frequency:  Weekly  Monthly  Annual basis, \_\_\_\_\_ Number of Payments

Depository Bank \_\_\_\_\_ Checking

Routing Number \_\_\_\_\_ Savings

Account Number \_\_\_\_\_



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by **{ insert business name }** to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize **{ Insert Business Name }** to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Fax to: **{ Insert Business Fax }**

Scan & Email to: **{ Insert Business Email }**

\*\*I, \_\_\_\_\_ hereby **Revoke my Authorization** for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.



We hope you find the payment authorization form useful.  
Business Credit Cards and Payment Processing are our specialties ~

## Need a Business Credit Card? - INSTANT DECISION!



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## Payment Processing



### Credit Card Processing

- eCommerce Internet Sales
- Mail Order Telephone Order
- Retail Face-to-Face
- Process Credit Cards at the Point of Sale
- Mobile & Text Payments



### ACH Processing

**Same-Day ACH deposit of your funds!**

- Online Reporting with Images
- Stop Going to the Bank
- Same-Day Funding
- Mobile & Text Payments



### QuickBooks Invoicing

- QuickBooks Enterprise
- QuickBooks Pro
- QuickBooks Premier
- QuickBooks POS
- QuickBooks Online

QuickBooks Accounting Software

