

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

Recurring EFT (Electronic Funds Transfer) 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# _____

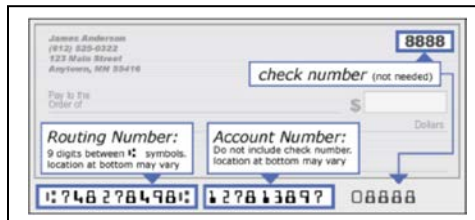
City, State, Zip _____ Email _____

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 EFT (Electronic Funds Transfer) 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.



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- Stop Going to the Bank
- Same-Day Funding
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