

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

### Recurring Same-Day Direct Payments 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 <input type="checkbox"/>	
Routing Number _____	Savings <input type="checkbox"/>	
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 Same-Day Direct 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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We hope you find the payment authorization form useful.  
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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

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

QuickBooks Accounting Software

