ACH Authorization Form

Financial Institution	Type of Account
Name of Bank:	Personal Checking Personal Savings
Bank Account #	☐ Business Checking ☐ Other
Bank Routing Number	:
Payment Information	
Payment Information	
Please debit ongoing payments of \$ from my of the second seco	checking/ savings account on or after
the day of each week/bi-week/month(circle one) until this contract has been terminated or paid.	
AUTHORIZATION	
I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account. CHANGE OF INFORMATION: I agree to notify verbally to {phone} or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account or any change or situation that may affect debiting the payment. RETURNS: I authorize a returned item fee in the amount of \$25.00 to be debited from my account if a debit is returned for insufficient funds or any other reason not the result of an error by the processor. CANCELLATION: Upon payment in full, I understand that {store} will suspend these payments and provide me with a receipt showing that I have acquired ownership of the rented property.	
Signature	Date
I hereby authorize PAPERLESS billing to be sent to my email address: [I realize that I will no longer receive statements in the mail, but will receive them via email I do not wish to go paperless, I wish to continue to receive bills in the mail	

Please return this form to {store}, along with a voided check, so that account and routing numbers can be verified. Thank you.