{Insert Business Logo}
{Street Address}
{City State Zip}
{Phone Number | Website | Email}

Recurring ACH Credits Authorization Form

This is permission for recurring credits. As an authorized signor on the Depository Account presented, by completing and signing this form you give {Insert Business Name} permission to pay/credit 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:
as an authorized signor {Insert Business Name} to pay/credit my (Full name)
account indicated below for \$ on or after These payments are for (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 Checking 88888
Routing Number Savings
Account Number: 9 digits between 15 symbols: location at bottom may vary 1: 748 2784 981: 1278 138 97 08888
I authorize {Insert Business Name} to pay/credit the account indicated in this authorization form according to the term outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amoun 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 payments/credits 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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