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

## One-Time Same-Day ACH Debit Authorization Form

This is permission for a single transaction only. 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, one-time, 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. \*\*

lease complete the information below:
as an authorized signor {Insert Business Name} to charge/debit my (Full name)
count indicated below for \$ on or after This payment is for (Date)
My Account / Invoice Number is  (Description of goods/services/on account)
Illing Address Phone#
ty, State, Zip Email
epository Bank Checking
Dutting Number Savings
acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by {insert business name} to me the event there are insufficient funds available at the time the Same-Day ACH payment is submitted. I authorized insert Business Name} to charge/debit the account indicated in this authorization form according to the terms outlined bove. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated bove only, and is valid for one-time use only. I certify that I am an authorized signor on this Depository Account.
IGNATURE DATE
ax to: {Insert Business Fax} Scan & Email to: {Insert Business Email}
*I, hereby <b>Revoke my Authorization</b> for the charge/debit to the account. Inderstand that my right to place a stop payment exists only as long as I request and deliver this written stop payment office at least three days prior to the scheduled settlement date.



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Credit Card Processing



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