

Automatic Billing Authorization Agreement

This Agreement is subject to the terms and conditions stated below.

I (we) hereby authorize _____

_____, to either:

Initiate debit entries to my (our) bank account as indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Bank/Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____

Checking account number
 Business Personal

Savings account number _____

Charge my (our) credit card

Name on account _____ (exactly as it appears on card)

Billing address as it appears on card:

Street, Apt# _____

City _____ State _____ Zip _____

Card type: Visa Mastercard American Express Discover

Account number _____

Expiration date _____ (MMYYYY)

I authorize _____ to automatically debit my bank account OR charge my credit card account listed above as specified below:

Bill the amount due to my bank account or credit card.

Bill the amount due to my bank account or credit card up to a maximum limit of \$ _____.

This authorization will remain in full force and effect until _____ has received written notification from me (or either of us) of its termination in such time and in such manner as to afford and my financial institution a reasonable opportunity to act on it.

Additional Terms and Conditions:

1. _____ reserves the right to cancel this Agreement at any time upon ___ business days' written notice to the billing address(es) provided above.
2. The inability of _____ to secure payment from the accounts designated above may result in termination of services and/or immediate termination of this Agreement.
3. With respect to withdrawals from an account at a financial institution, in addition to providing notice as stated above to _____, you may stop payment of a preauthorized electronic fund transfer by notifying your bank or financial institution in accordance with the procedures that it has established. Termination of a preauthorized electronic fund transfer does not affect your obligation to make timely payment to _____ in some other acceptable manner.
4. To the extent allowable by law, the liability of _____ in connection with Agreement is limited to the amount of any incorrect charge or withdrawal. _____ will not be liable for any other damages, whether direct, incidental, special, or consequential, including but not limited to loss of income or profits, whether or not _____ had knowledge that such damages might be incurred. _____ also will not be liable: (i) for your acts or omissions, including but not limited to improper or insufficient account or other information, (ii) if you fail to provide current information, should any account or other information change, (iii) if you violate any of the terms of the Agreement; and (iv) for loss, damage, or delay caused by events _____ cannot control, including, but not limited to, acts of God, weather conditions, acts of public enemies, war, strikes, civil commotions, or acts of public authorities with actual or apparent authority.
5. This Agreement will become effective with the next billing cycle following the date stated below, upon approval in writing by Customer and an authorized representative of _____. This Agreement does not go into effect until approved in writing by _____.

DATED:

AUTHORIZATION

CUSTOMER AUTHORIZATION

by: _____

by: _____

Title _____

Title _____

Email _____

Phone _____

Please attach a voided copy of your check or your savings account deposit slip.