Company Name

Direct Payment Agreement Form (Recurring)

ACH transactions to my account must comply with the provisions of U.S. law.

Authorization Agreement

I hereby authorize **ABC COMPANY** to initiate recurring ACH payments from my account at the financial institution named below. I also authorize **ABC COMPANY** to make a credit entry to this account in the event that a debit entry is made in error.

By signing this form I give **ABC COMPANY** permission to debit my account for the amount indicated on or after the indicated date.

Account Information			
Name of Financial Institution:	United Bank		
Name on Account:	John Doe		
Routing Number: 0611075	<mark>15</mark>		
Account Number: 1234567	8	Checking	Savings
Amount Information			
I authorize ABC COMPANY to draft my bank account indicated above in the amount of \$35.00 on the 5 TH DAY of each MONTH for payment of my MEMBERSHIP/DUES.			
Signature			
Authorized Signature (Customer):		Date: _	
Authorized Signature (Company):		Date: _	
I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ABC COMPANY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted			

Please attach a voided check and return this form to ABC COMPANY

periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF) I understand that ABC COMPANY may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of