

**{ Insert Business Logo }**

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

## Recurring ACH Debits Authorization Form

This is permission for recurring debits. 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 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:

I \_\_\_\_\_ as an authorized signor **{ Insert Business Name }** to charge/debit my  
(Full name)

account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_. These payments are for  
(Amount) (Date)

\_\_\_\_\_. My Account / Invoice Number is \_\_\_\_\_.  
(Description of goods/services/on account)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

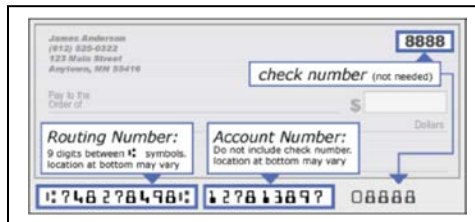
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Frequency:**  Weekly  Monthly  Annual basis, \_\_\_\_\_ **Number of Payments**

Depository Bank \_\_\_\_\_ Checking

Routing Number \_\_\_\_\_ Savings

Account Number \_\_\_\_\_



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by **{ insert business name }** to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize **{ Insert Business Name }** to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount 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 charges/debits 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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## Payment Processing



### Credit Card Processing

- eCommerce Internet Sales
- Mail Order Telephone Order
- Retail Face-to-Face
- Process Credit Cards at the Point of Sale
- Mobile & Text Payments



### ACH Processing

**Same-Day ACH deposit of your funds!**

- Online Reporting with Images
- Stop Going to the Bank
- Same-Day Funding
- Mobile & Text Payments



### QuickBooks Invoicing

- QuickBooks Enterprise
- QuickBooks Pro
- QuickBooks Premier
- QuickBooks POS
- QuickBooks Online

QuickBooks Accounting Software

