Templates Exhibit 1: One Time eCheck

I authorize [Merchant Name] to initiate either an electronic debit or to create and process a demand draft against my bank account on or after [mm/dd/yy] for the amount of \$ I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.
My bank account information is as follows:
Routing Number (9 digits):
Account Number:
Bank Account Type
Checking
Savings
Business Checking
[Customer Signature]
[Customer Printed Name]



[Date Signed]

Templates Exhibit 2: Recurring eCheck

I authorize [Merchant Name] to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. Billing Terms Please select one set of billing terms below and enter the date and amount fields. ____ Starting on [mm/dd/yy] and on the [day] of each month following through [mm/dd/yy] for the amount of \$____. Starting on [mm/dd/yy] and on the [day] of each month following through [mm/dd/yy] for the amount owed to merchant as detailed in Invoice #/#'s [Invoice #/#'s]. Starting on [mm/dd/yy] and subsequently debited at any time for the amount owed to merchant as detailed in Invoice #/#'s [Invoice #/#'s]. My bank account information is as follows: Routing Number (9 digits): _____ Account Number: _____ Bank Account Type __ Checking __ Savings ___ Business Checking This payment authorization is to remain in full force and effect until I, [Customer Name], notify [Merchant Name] of its cancellation by sending written notice in such time and in such manner to allow both the [Merchant Name] and receiving financial institution a reasonable opportunity to act on it. ______ [Customer Signature] ______ [Customer Printed Name]

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Templates Exhibit 3: Mailed in Check

I authorize [Merchant Name] to initiate either an electronic debit or to create and process a demand draft against my bank account whenever I send a check for payment of goods or services. The amount of the debit and bank account information will be used directly from the check. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

This payment authorization is to remain in full force and effect until I, [Customer Name], notify [Merchant Name] of its cancellation by sending written notice in such time and in such manner to allow both the [Merchant Name] and receiving financial institution a reasonable opportunity to act on it.

[Customer Signature]
[Customer Printed Name]
[Date Signed]

Authorization with a Mailed in Check

