IntelliPay™

Sample ACH One-Time Payment Authorization Form

I (we) authorize _____ <insert business name> to electronically debit my (our) account (And, if necessary, electronically credit my (our) account to correct erroneous debits1) as follows:

Bank Account Type (select one)

Personal Checking Account___Personal Savings Account ___

I authorize electronic ACH debits / credits to the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Name on Account: _____
Bank Name: _____
Bank Account Number: _____
Bank Routing #: _____
Bank City/State: _____
This Bank Account is Enabled for ACH Transactions Yes___ No___
Date(s) and /or Frequency of Debit(s)
One time____ Dollar Amount Authorized_____
Date:_____

I certify that I am an authorized signer for the account indicated above and that I have the authority to authorize this/these transactions. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date, and that I will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF) I understand that <your company name> may at its discretion attempt to process the charge again within 30 days, and agrees to an additional <insert $> charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I have certified that the above bank account is enabled for ACH transactions, and agree to reimburse <your company name> for all penalties and fees incurred as a result of my bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to this transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank provided the transaction corresponds to the terms indicated in this authorization form.

Authorized Signature_____

Printed Name/Title_____Date_____