

## **ACH Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

- Simply fill out the requested information
- It is convenient (saving you time and postage)
- Your payment is always on time (even if you are out of town), eliminating late charges
- Upload this signed ACH Authorization Form to your portal via File Exchange

## Please complete the information below and upload to your portal via File Exchange.

I authorize Poydence & Company, P.C. to charge my bank account in the amount of \$

Account Type: Account Number	√ Checking	Savings		
Bank Routing				
SIGNATURE			DATE	_
PRINT NAME				

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Poydence & Company, P.C. 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 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Poydence & Company, P.C. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. 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 recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Shared Documents/MaPData/personal/RMR/Client ACH Signature Authorization Forms/A Blank - Personal Authorization Bnk