

## ACH Payment Authorization Form

I (we) \_\_\_\_\_ hereby authorize Moffitt Services to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Moffitt Services is notified by me (us) in writing to cancel it in such time as to afford Moffitt Services and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Terms at Net 15 from date of invoice.

---

### Please complete the information below:

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

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

Email \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

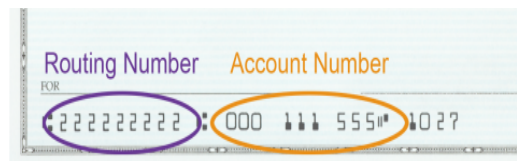
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that **Moffitt Holdings LLC dba Moffitt Services** may at its discretion attempt to process the charge again within 3 days, and I agree to an additional **\$ 35.00** charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute **Moffitt Holdings LLC dba Moffitt Services'** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.