

FREE RECURRING DIRECT ACH PAY

Authorization for Direct Payment via ACH (ACH Debit)

CUSTOMER INFORMATION

Customer Name: _____

Customer Address: _____ City, State, Zip: _____

Bank Account Information

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type: _____

Checking Account Savings Account

Authorization Agreement

By signing this authorization form, you authorize “_____” to initiate recurring ACH debits from the bank account specified above. These payments will be processed **once per month** for the amount due under your contract with “_____”.

Terms and Conditions

1. **Payment Schedule:** ACH payments will be processed once per month, on the agreed-upon date, for the total amount due.
2. **Recurring Payments:** This authorization will remain in effect until “_____” receives written notice of cancellation via email at [_____] or until the services provided by “_____” are canceled and paid in full.
3. **Cancellation:** You may cancel this authorization at any time by providing written notice via email to “_____”. Cancellation requests must be received at least 10 business days before the scheduled payment date to avoid the next scheduled payment.
4. **Non-Sufficient Funds:** If your ACH payment is returned due to non-sufficient funds (NSF), “_____” reserves the right to reattempt the payment. Additional fees may apply for NSF transactions.
5. **Accuracy of Information:** You certify that the bank account information provided is accurate and that you are an authorized signer on the account.

Customer Acknowledgment

I authorize “_____” to process recurring ACH payments from my bank account listed above according to the terms outlined in this agreement. I understand that this authorization will remain in effect until canceled in writing via email or upon cancellation of services.

Customer Signature: _____ Date: _____

Credit Card Payment Authorization Form

Sign and complete this form to authorize _____ to make a recurring monthly debit with the credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a recurring transaction and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize _____ to charge my credit card account indicated below for the the provided cleaning services.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name:	<input type="text"/>			
Address:	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code: <input type="text"/>
Card Number:	<input type="text"/>			
Expiration Date:	<input type="text"/>	CVV2 (3 digit number on back), 4 digits on front of AMEX):	<input type="text"/>	

Terms and Conditions

1. **Authorization of Charges:** I authorize “ _____ ” to charge my credit card account indicated above for the provided cleaning services, including any applicable taxes and fees.
2. **Recurring Payment:** This authorization is for the recurring monthly payment for janitorial services provided by _____.
3. **2% Processing Fee:** A 2% processing fee will be applied to each transaction. This fee covers the cost of processing the credit card payment and will be added to the total amount due for each billing cycle.
4. **Payment Schedule:** Payments will be processed upon the start date of service. The regular scheduled recurring payment schedule will be on the 1st-3rd of each month. If the scheduled payment date falls on a weekend or holiday, the payment may be processed on the next business day.
5. **Cancellation:** This payment authorization will remain in effect until _____ receives written notice of cancellation. Cancellation requests must be received at least 10 business days before the next scheduled payment to avoid the next billing cycle’s charge.
6. **Dispute Resolution:** I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company, provided the transactions correspond to the terms indicated in this authorization form.
7. **Non-Sufficient Funds:** If the payment is declined due to non-sufficient funds (NSF) or any other reason, _____ reserves the right to reattempt the transaction. Additional fees may apply for declined transactions.
8. **Accuracy of Information:** I certify that the information provided in this form is true and accurate. _____ will not be liable for any errors or delays caused by inaccurate information provided in this form.

9. **Signature:** **Date:**

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.