



ACH Recurring Payment Authorization Form

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

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment will always be on time (even if you're out of town), eliminating late charges

Kinect Wire Information: (in lieu of ACH)

Bank: Frost National Bank
Routing #114000093
Account #610239933

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

CUSTOMER# _____

Please complete the information below:

I _____ (full name) _____ authorize _____ (company name) _____ to debit the bank

account indicated below on the (recurring payment date) of each month for payment of my obligations.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking/Saving **PLEASE ATTACH COPY OF VOIDED CHECK**

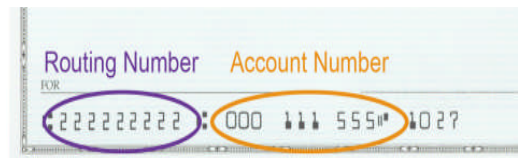
Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least 30 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the loan documents, a 10% late charge will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____