



# Recurring Electronic Payment Authorization Form

## AUTHORIZATION AGREEMENT FOR ACH Payments

(I/we) do hereby authorize Pro Spirit, Inc., hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to my (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$30.00 per item by electronic debit from my account identified below.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

Type of Account (Check One):            Checking                            Savings

**Total Payment Due:** \_\_\_\_\_ **Payment Start Date:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_ **Number of Payments:** \_\_\_\_\_

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Parent Name (Account Holder): \_\_\_\_\_

Student Name / Team: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Attach a Voided Check (NOT a Deposit Slip) From the Account to be Debited**

Office Use Only:

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

