

ACH Form for Recurring Automatic Payments

Use this form to enroll in AutoPay – the easiest way to make your monthly payments. With AutoPay, there are no checks to write or calls to make. Your payments will automatically be transferred from your checking account to PowerPay LLC every month by ACH transfer.

To enroll in AutoPay, complete the form below and sign.

Have a question? Call (866) 615-4339

Office hours: Monday-Friday 8am - 6pm. (Eastern Time)

Authorization Agreement for Recurring Automated Direct Payment Plan

	Name of Bank or Financial Institution ("Bank")
Bank Routing #	-
Bank Roduing #	
Checking Account #	•
Area unt of Fook Dours out	Chart Data for AutoDay (MMM/DDAAY)
Amount of Each Payment	Start Date for AutoPay (MM/DD/YY)
your Checking Account indicated above, at the Bank named above to initiate transactions to correct any erroneous payment debit. You the same date each month thereafter until your PowerPay LLC. acc this authorization (as provided below). If any payment date falls on	nitiate recurring electronic automated clearing house (ACH) debit entries from in order to make payments on your PowerPay LLC account and, if necessary, ar AutoPay payments will begin on the Start Date listed above and will occur on count is paid in full, terminated by Company (as provided below), or you revoke a weekend or holiday, the payment will be executed on the next business day. act is less than the payment amount stated above, you understand and agree ing balance.
business days, and/or to submit a paper draft to your Bank for proceed debit or a paper draft) is dishonored or returned unpaid by your charge (if and to the extent applicable) to your PowerPay LLC account acknowledge that your Bank may also impose its own additional	unt, to the extent allowed by law and/or your PowerPay LLC. contract. You also al fees according to your Deposit Account Agreement with such Bank. You necking Account must comply with and will be governed by the provisions of
termination at the address above or you have provided verbal notifi of any changes in your Checking Account information or termination	company has received written notification from you (or either one of you) of ication by calling us at (866) 615-4339. You agree to notify Company in writing on of this authorization at least 15 days prior to the next billing date to afford a ny may, at any time, terminate your right to make recurring electronic clearing er you or us does not affect your PowerPay LLC. account.
Authorized Name on Your Account	
Signature	Date Signed