ACH Debit | Authorization Form

HappyFeet St. Louis, LLC

Payment Plan Authorization

Individual Name: _____
Please print First Middle Last

Company Name: _____

Address: _____ Date of Birth: _____ (if required)

City/State/Zip: _____ Last 4 digits of Social Security #: _____ (if required)

Home Phone: (_____) _____ Driver's License #: _____ (if required)

Work Phone: (_____) _____ Driver's License State: _____ (if required)

Payment Plan Schedule

☐ **One-time Payment** Payment Amount: $_____ Payment Date: _____

☐ **Recurring Debit** every: _____ ☐ Day(s) ☐ Week(s) ☐ Month(s)

Start Date: Month: _____ Day: _____ Year: _____ Payment Amount: $_____
(Start date must be at least 15 business days from submission of this form)

Acceptable range not to exceed $_____ per payment cycle.

End Date: Month: _____ Day: _____ Year: _____ (if applicable) Transaction Fee: $_____ (if applicable)

Number of Payments: _____ (if applicable)

Total Amount Owed: $_____
(Payment Amount + Transaction Fee x Number of Payments if applicable)

Customer Bank Account Information

Individual or Company Name as it appears on bank account: _____

Bank Name: _____ Bank Phone Number: (_____) _____

Account Type: ☐ Checking ☐ Savings ☐ Other (not acceptable)

Routing Number: _____

Account Number: _____

Payment Authorization

I authorize the Business identified above, Service Provider, and/or bank to electronically debit the personal bank account or the business bank account of which I am an authorized signor as identified above to the terms stated here and if necessary to electronically credit the bank account to correct erroneous debits. This authorization shall remain in effect until the Business identified above receives written notification from me of my intent to terminate and revoke this authorization at such time and in such manner as to afford the Business identified above, the Service Provider, and/or the bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Business identified above is increased, I authorize this plan to continue so long as the payment amount and frequency remains unchanged until the total amount owed to the Business identified above is paid in full, or unless the plan is terminated or revoked earlier by me as above. I understand that the timing of the revocation may not allow for scheduled payments to be stopped.

I understand any additional amounts and/or changes to the amount, frequency, or bank account number will require a new ACH Debit Payment Authorization Form to be filled out and submitted to the Business identified above at least 15 days prior to being implemented to afford the Business identified above, the Service Provider, and/or the bank a reasonable opportunity to act.

I understand that this payment plan may be cancelled by the Business identified above, the Service Provider, and/or the bank due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan with the Business identified above. I indemnify and hold the Business identified above, the Service Provider, and/or the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____

Second Authorized Signature
of Bank Account if Required: _____ Date: _____

A voided check from customer's bank account must accompany this authorization form.

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