



342 Cool Springs Blvd #202  
Franklin, TN. 37067  
419.777.9811 Office  
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## ACH FORM

### AUTHORIZATION AGREEMENT FOR REOCCURRING PAYMENTS

I hereby authorize Capital Credit LLC to initiate entries to my checking/savings account at the depository and account number listed below. **There is no charge for this service.**

Customer's Name: \_\_\_\_\_

### FINANCIAL INSTITUTION

Name of Bank: _____
City: _____ State: _____
Routing Number: _____
Account Number: _____
Account Type: <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Saving</b>

### FREQUENCY

Due Date: _____	Payment Amount: _____
Once a month on this date: _____	Every other week beginning: _____
Semi-monthly on these dates: _____	Weekly beginning on this date: _____
<b>Weekly, Bi-Weekly and Semi-Monthly payments must total a full installment prior to the end of the grace period.</b>	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **CapitalCredit LLC** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **CapitalCredit LLC** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I 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