

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

*Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.
Required fields

Check one*: ☐ Begin Payment ☐ Change Information

I (we) hereby authorize NVC to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Check one*: ☐ Personal Checking Account ☐ Personal Savings Account
☐ Business Checking Account ☐ Business Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all United States law and applicable law and I (we) agree to be bound by the Nacha Operating Rules and Guidelines.

Depository Name* _____

Routing Number* _____

Account Number* _____

Name(s) on the Account* _____

Amount debited will be the balance due on your invoice.

Debits will occur on the 20th of each month from your bank account.

I (we) understand that this authorization will remain in full force and effect until I (we) notify NVC in writing, by phone, or in person that I (we) wish to revoke this authorization. I (we) understand that NVC requires at least one week prior notice in order to cancel this authorization.

By typing your name on the Signature line, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Name(s)* _____

Effective Date* _____ Signature(s)* _____

