

# 1623 Farnam, LLC

## ACH Authorization Form

Return completed form to the Accounting Department at: [Accounts.Receivable@1623Farnam.com](mailto:Accounts.Receivable@1623Farnam.com)

### CREDIT/DEBIT AUTHORIZATION FORM

**Please complete the information below:**

I \_\_\_\_\_ authorize 1623 Farnam, LLC to charge/debit my account  
(Full name)

indicated below on the 1<sup>st</sup> of each month for payment for services due to 1623 Farnam, LLC.

I understand that I will only receive advance notice of the charge if it exceeds \$\_\_\_\_\_.

Individual Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Name on Account: _____
Bank Name: _____
Bank Account Number: _____
Bank Routing #: _____
Bank City/State: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
This Personal Bank Account is Enabled for ACH Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 555\*\* 102?' circled in orange.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

I certify that I have the authority to authorize payments at the financial institution listed above and, if necessary, give consent to adjustment for any transactions credited /debited in error and increase/decrease debited amounts per contractual agreements but not to exceed the maximum indicated above. I understand that this authorization will remain in effect until it is canceled in writing, and agree to notify 1623 Farnam, LLC in writing of any changes in its account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from its account as soon as the above noted transaction dates, and that it will have limited time to report and dispute errors. In the case the transaction is returned for Non-Sufficient Funds (NSF), I understand that 1623 Farnam, LLC may at its discretion attempt to process the charge again within 30 days, and agrees to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I have certified that the above business bank account is enabled for ACH transactions, and agrees to reimburse 1623 Farnam, LLC for all penalties and fees incurred because of my bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to these transactions. I acknowledge that the origination of ACH transactions to its account must comply with the provisions of U.S. law. I agree not to dispute the scheduled transactions with its bank provided the transactions correspond to the terms indicated in this authorization form.