

# ACH PAYMENT AUTHORIZATION



By signing this form, you give us permission to make a debit from your checking or savings account for the amount indicated on or after the indicated date. This is permission for total lead amount, including any additional fees including damage, cleaning, lost, stolen, or damaged.

I, \_\_\_\_\_ (Customer), authorize Awesome Family Entertainment LLC (AFE) to charge my bank account indicated

below for \$ \_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yyyy).

This payment is for the following: \_\_\_\_\_.

## BILLING INFORMATION

Customer Billing Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## BANK DETAILS

Customer Account Type:  Savings  Checking

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number (#): \_\_\_\_\_ Routing Number (#): \_\_\_\_\_

## ACCOUNT HOLDER SIGNATURE

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the event the payment is rejected for Non-Sufficient Funds (NSF), I understand that AFE may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional \$25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I understand the any unsuccessful payments may result in lead cancellation. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute AFE so long as the transaction corresponds to the terms indicated in this agreement.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_