



ACH Collection – Recurring Payment Authorization Form

Customer Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Account Type: Checking / Savings
(circle one)

Name on Account: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank City and State: _____

PLEASE ATTACH COPY OF VOIDED CHECK.

Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement must be in writing and be delivered to Athena Farms, at least five business days prior to my next payment obligation or due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons, I understand and agree that the company may at its discretion resubmit the ACH debit transaction. I understand that a return item charge will be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated on this authorization form. I agree that I will hold Athena Farms harmless, against any liability, pursuant to this authorization. I understand that my signature on this form, along with a voided check and a copy of my picture ID will serve as my authorized signature for each ACH Transaction. I certify that I am authorized to sign this form on behalf of this organization.

SIGNATURE _____ DATE _____

PRINT NAME _____