

8 Cedar Street, Suite 54, Woburn, MA 01801 ~ 781.938.0045

### ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

**ACH Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How ACH Payments Work:**

You authorize a scheduled charge to your checking or savings account on a specific date. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_, representing \_\_\_\_\_ (business name, if applicable), authorize Schwartz & Schwartz, PC to charge my bank account indicated below on \_\_\_\_\_ (date) for payment of \_\_\_\_\_ (description of services or amount charged).

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. Labels 'Routing Number' and 'Account Number' are positioned above the respective numbers.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Schwartz & Schwartz, PC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment date falls 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Schwartz & Schwartz, PC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 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 ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.