



**allevia**technology

## ACH Authorization form

### Recurring Billing

In consideration of the goods, products and/or services provided to me by Allevia Technology, as listed below. I hereby authorize Allevia Technology to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called Client Bank, and to debit the same to such account for up to the amount listed below. This authorization will continue until revoked in writing.

### Client Information

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### Bank Information

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

Account Holder's Name: \_\_\_\_\_

Last Four Digits of Bank Account Number: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

### Billing Amount

Amount: \_\_\_\_\_

I hereby assert that I am either the rightful and legal owner or I am a duly authorized signer on the account with the power to authorize these transactions

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By signing this agreement, I hereby authorize Allevia Technology to electronically debit the checking or savings account indicated above for payments due under this agreement. I understand that the effective date of these electric debits to my account will be the business day on which the invoice is due. I understand that if the debit is returned unpaid due to insufficient funds or my banks electronic draft restrictions, I may be charged a \$25.00 NSF Penalty for the returned item.

Questions? Please call 865-686-6677

Thanks for your business!