



## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I authorize \_\_\_\_\_ to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I agree that ACH transactions I authorize comply with all applicable law.

Depository Name (Bank Name): \_\_\_\_\_

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

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_.

Date(s) and/or frequency of debit(s): \_\_\_\_\_.

I understand that this authorization will remain in full force and effect until I notify 24HourFlex in writing at 7100 E Belleview Ave, Suite 300, Greenwood Village, CO, 80111 or via email at [info@24hourflex.com](mailto:info@24hourflex.com) that I wish to revoke this authorization. I understand that 24HourFlex requires at least 10 days prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_