



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 PO Box 3789, Littleton, CO 80161 or via email at 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): _____