

Debit Authorization Form

I (we) hereby authorize **Retail Solutions**, hereinafter called RSI, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Branch

Address

City/State/Zip

Routing Number Account Number

Type of Account Savings Checking

Authorizing Signature Start Date

*** Date of Debit (s): will be on the **20th Day of Every Month** ***

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until RSI has received written notification from me (us) of its termination in such time and manner as to afford RSI and Financial Institution a reasonable opportunity to act on it. *

Store Name _____

Contact Name _____

Phone _____ FAX _____

Vendor Email _____

NPI # _____

*** PLEASE INCLUDE A VOIDED CHECK COPY WITH THIS FORM FOR ACCOUNT VALIDATION. ***

* If an ACH comes back due to any reason, your claim processing ability will be turned off.