

Recurring ACH Authorization Form

Please complete this form and fax to 917-464-6720 or email to billing@scsco.com

This form authorizes Support Center Services to make a recurring ACH debit to your checking or savings account on the same day each month, as indicated below. Proof of payment will be emailed to you automatically and the payment will appear on your bank statement as an ACH debit.

Account Holder Name: _____

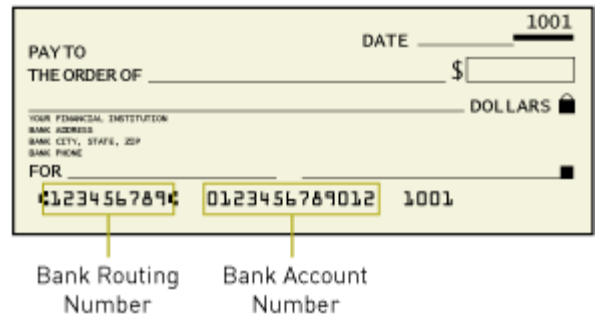
Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank ABA / Routing Number (9 digits): _____

Bank Account Type: Business Checking
 Personal Checking
 Savings



Service / Product Description: **Monthly Software Rental – ConnectCMS**

Licensee: _____

Debit Amount \$: _____ Day Of Month For Recurring Debit: _____

I understand that because this is an electronic transaction, these funds will be withdrawn from my account each month on the noted transaction day. I acknowledge that I am subject to a \$25.00 rejection fee if items are returned due to insufficient funds, or if payment fails for any other reason. I will not dispute merchant debiting of my checking/savings account, so long as the amount corresponds to the terms indicated in this contract.

Authorized Signature: _____

Print Name: _____

Title/Position: _____ Date: _____