

Client Authorization for Autopay by ACH

Direct payment via ACH is the transfer of funds from an account for the purpose of making a payment. This signed original must be returned.

Client Name _____ Client # _____

Type of Request: Begin Payment Decline

I (we) hereby authorize Aiwyn, Honkamp, P.C.'s ("COMPANY") payment solution, to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct any erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws, including the laws of the United States, as well as the provisions of the NACHA Operating Rules.

Account information:

Name(s) on the account: _____

Financial institution name: _____

Account type: Checking Savings

Routing number

█	█	█	█	█	█	█	█	█	█
---	---	---	---	---	---	---	---	---	---

Account number

█	█	█	█	█	█	█	█	█	█	█	█
---	---	---	---	---	---	---	---	---	---	---	---

Monthly payment day: _____

Choose a day for monthly autopay. Invoices issued within 5 days of this day will be scheduled for autopay the following month, ensuring time for review.

I (we) understand this authorization will remain in full force and effect until I (we) notify COMPANY in writing to the address below that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least fifteen (15) days' notice to cancel this authorization.

Printed Name _____

Signature _____

Date _____