

ACH Payment Authorization Form

Sign and complete this form to authorize Bell Solutions to make recurring debits to your checking or savings account.

Please complete the information below:

I, _____, authorize Bell Solutions to charge my bank account
(full name)
indicated below for the amount(s) agreed upon in writing.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

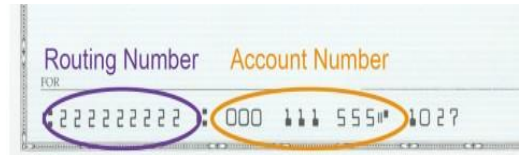
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that Bell Solutions may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$35.00 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Bell Solutions billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Signature _____

Date _____