

## Precision Value Based Management

## ACH Authorization

PO Box 5128  
Hauppauge, NY 11788  
support@precisionvbm.com

Practice/Group/Organization Name on Account: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ ☐ Business ☐ Personal

### PAYMENT DETAILS

AMOUNT: AS PER INVOICE  
SUBMITTED FOR PAYMENT

Contact Phone Number:

### TERMS

#### Authorization

I authorize the above business to debit my bank account as per the invoiced amount for services rendered on a monthly basis.

#### Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

To obtain more information about your recourse rights, you can visit [www.nacha.org](http://www.nacha.org).

### AUTHORIZATION

Routing no. \_\_\_\_\_ Account no. \_\_\_\_\_

Signature:

Date: