



570.445.4702

KEYCARDS@CUSTOMHOTELRFID.COM

One Time ACH Payment Authorization Form

Sign and complete this form to authorize Gary Stone to make a one time debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Gary Stone to charge my bank account
(full name)

indicated below for \$ _____ on or after _____
(amount) (date)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Name on Acct	_____		
Bank Name	_____		
Account Number	_____		
Bank Routing #	_____		
Bank City/State	_____		

SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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 Gary Stone may at its discretion attempt to process the charge again within 30 days, and I agree to an additional 75 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH

transactions to my account must comply with the provisions of U.S. law. I will not dispute Gary Stone's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.