



BOOKOUTZ LLC

Recurring ACH Payment Authorization Form

Business Name: Bookoutz LLC

Address: _____

Phone: _____

Email: _____

Customer Information

Customer Name: _____

Billing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Bank Account Information

Checking Account Savings Account

Bank Name: _____

Routing Number: _____

Account Number: _____

Please attach a voided check for the account listed above to verify routing and account information.

Authorization Details

I authorize Bookoutz LLC to initiate recurring ACH debit entries to my account indicated above for the purpose of making regular payments for services rendered.

Payment Amount: \$_____ per week month other: _____

Start Date: _____

Frequency: _____



This authorization will remain in effect until I provide written notice of cancellation at least fifteen (15) days before the next scheduled payment.

I understand that if a transaction is returned unpaid, I may be charged a returned payment fee up to \$25.00, and Bookoutz LLC may reinitiate the debit in accordance with NACHA regulations.

Acknowledgment and Signature

By signing below, I certify that I am an authorized signer on the account listed above and that I authorize Bookoutz LLC to process recurring ACH withdrawals as described.

Customer Signature: _____

Date: _____

For Bookoutz LLC Use Only

Approved By: _____

Date Entered: _____

Initials: _____