

eCheck Authorization Form



I authorize The Mesaros Alliances, LLC dba **The Alliances (The Alliances)** to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

- One time on _____ for the amount of _____.
- Starting on _____ and on the **1st** day of each month until further notice for the amount of \$ _____.
- Starting on _____ and on the _____ of each month following through _____ for the amount owed to merchant as detailed in Invoice #/ #'s _____.
- Starting on _____ and subsequently debited at any time for the amount owed to merchant as detailed in Invoice #/ #'s _____.

Bank Information

Routing Number: _____

Account Number: _____

Account Type: _____ Checking _____ Savings, _____ Consumer _____ Business

This payment authorization is to remain in full force and effect until I _____, notify **The Alliances** of its cancellation by sending written notice in such time and in such manner to allow both **The Alliances** and the receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____

Customer Printed Name: _____

Date: _____