

ACH Authorization Form


Business to Debit/Credit Account

First Processing	888-715-8508				
Authorized Business Name	Authorized Business Phone Number				
324 E 11th Street	Kansas City				
Authorized Business Address	City				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">MO</td> <td style="width: 20%; border-bottom: 1px solid black;">64106</td> </tr> <tr> <td style="font-size: small;">ST</td> <td style="font-size: small;">Zip</td> </tr> </table>	MO	64106	ST	Zip
MO	64106				
ST	Zip				

Account Holder Information

Account Holder Name	Account Holder Business Name (if business account)	Account Holder Phone
Account Holder Address	City	ST Zip

Account Holder's Bank Information

Account Holder's Bank Name	Branch City	ST	Zip
Bank Routing Number (9 digits)	Bank Account Number	Account Type: <input type="checkbox"/> Business Checking	
		<input type="checkbox"/> Personal Checking	
<small>How to find your Routing and Account Numbers on a check</small>		<input type="checkbox"/> Savings	

Payment Information

Payment Type: Debit Credit _____
Description/Goods Purchased/Services Rendered

Frequency: <input type="checkbox"/> One-Time _____ <small>Payment Date</small> _____ <small>Amount of Payment</small>	<input type="checkbox"/> Recurring _____ or _____ Open Ended <small>First Payment Date Number of Payments</small> \$ _____ or _____ Variable Amount <small>Amount per Payment</small> Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
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Authorization

Single Use
 I hereby authorize the above named Business to Debit or Credit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked
 I hereby authorize the above named Business to Debit or Credit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder	Print Name of Account Holder	Date
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