



Consumer Authorization for Direct Payment via ACH
ACH Debits

I hereby authorize Clarksville Cheer Extreme LLC, to initiate electronic debit entries to my (our) account(s) indicated below and the financial institution named below, hereinafter called "Financial Institution". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize Clarksville Cheer Extreme LLC to credit my account indicated below to correct any error made.

Financial Institution Name

Financial Institution Address

Checking

Saving

Routing Number

Account Number

Amount of Debit

Semi-Monthly (2 Equal Payments) 1st & 15th of each month Monthly

Payment Date(s) and/or Frequency of Debits(s)

This authorization is to remain in full force and effective until I notify Clarksville Cheer Extreme LLC in writing that I wish to revoke this authorization (Send written notification to Clarksville Cheer Extreme LLC, 1751 A Husky Drive, Clarksville TN 37040). I understand that Clarksville Cheer Extreme LLC requires at least 2 weeks prior notice in order to cancel this authorization.

Print Name

Signature

Date

Please attach a Voided Check to this authorization