



ACH Authorization

I (we) hereby authorize Calls On Call to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Calls On Call is notified by me (us) in writing to cancel it in such time as to afford Calls On Call and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Account Type:	___ Checking ___ Savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State:	

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

I (we) understand that this authorization will remain in full force and effect until I (we) notify Calls On Call in writing that I (we) wish to revoke this authorization. I (we) understand that Calls On Call requires at least **30 days** prior notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that Calls On Call may attempt to process the transaction again within 30 days, and I agree to an additional **\$35** charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____ Company _____

Signature _____ Date _____