



ACH Authorization

I (we) authorize Remodelers Advantage Inc (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Terms of billing:

One time on _____ for the amount of \$_____.

Starting on _____ and on the _____ of each month according to the terms of our agreement for the amount of \$_____.

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

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 21 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that COMPANY may attempt to process the transaction again within 30 days, and I agree to an additional \$50 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____

Signature _____ Date _____