

AUTOMATIC PAYMENT CONSENT FORM

Customer Information			
First Name		Last Name	
Phone		Email Address	
Street Address	City	State	Zip Code

Payment Information	
Bank Name	Account Holder Name
Account Number	Routing Number

Payment Schedule	
Amount	Frequency
Start Date	End Date

I understand and agree that by signing this form, I am authorizing to automatically withdraw funds from my designated bank account for the specified payment amount and frequency as outlined above. I acknowledge that I have the ability to cancel or modify this automatic payment arrangement by providing written notice at least fifteen days prior to the next scheduled payment.

I confirm that I am the account holder of the designated bank account and have the authority to authorize automatic payments.

I understand that any changes to the payment schedule or banking information must be communicated in writing and may require a processing period.

I agree that I am liable for any fees, penalties, or charges imposed by my bank resulting from insufficient funds, account closure, or any other reasons related to the automatic payment transactions initiated by .

Signature:

Signature Date: