



## Client ACH Payment Authorization Form

I, on behalf of myself and my corporation ("Client"), authorize Axia Public Relations ("Agency" aka "Merchant") to either initiate an electronic debit or create and process a draft from my bank account according to the terms outlined below.

I acknowledge that the origination of automated clearing house (ACH) transactions to my account must comply with the provisioning of United States law.

### Terms of Billing

- Charge \$\_\_\_\_,\_\_\_\_ one time for full payment (of invoice \_\_\_\_\_)
- Charge \$\_\_\_\_,\_\_\_\_ monthly, starting on \_\_\_\_\_
- Starting on \_\_\_\_\_, and subsequently debited at any time, for the amount owed

### Client's Bank Information

Bank ABA Number [Client's Routing Number]: \_\_\_\_\_

Bank Account Number [Client's Account Number]: \_\_\_\_\_

Bank Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This ACH Payment Authorization is to remain in full force and effect until I, being the Client, notify Agency of our ACH cancellation by sending 30 days' written notice to allow both the Agency and receiving financial institution a reasonable opportunity to act on it.

Client Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*Please complete, sign and return this form to [ar@axiapr.com](mailto:ar@axiapr.com).*