



Recurring ACH Authorization Form

Date: _____

I, _____ hereby authorize **Pepper Pay LLC** to initiate ACH transfer entries in accordance with NACHA rules for all of the following:

- Credits
- Debits
- Transaction Settlement
- Adjustments
- Surcharge

These entries will be made through the account at:

Bank Name _____

Bank ABA Routing Number _____ Bank Account Number _____

Bank Account Type (please circle one): ☐ Checking ☐ Business Checking ☐ Savings ☐ Business Savings

I understand the terms of the payment schedule to be as follows and that if applicable I will receive a notice only if the payment amount is more than the amount listed below or outside of the designated range listed below.

Recurring Payments

Recurring Payment Start Date: _____

Recurring Payment Frequency: Monthly

Designated Allowable Recurring Payment Range \$ _____ to \$ _____

Adjustment notifications should be sent to you at the business address/fax as listed below:

Name: _____ Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

This payment authorization is valid and will remain in effect unless I, _____ notify **Pepper Pay LLC** of its cancellation within **48 Hours** by phone #: **786-358-9338** or email: support@pepperpay.com which will allow **Pepper Pay LLC** a reasonable opportunity to act upon such cancellation prior to the next scheduled payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I agree to notify **Pepper Pay LLC** of any change to the payment account designated above from which the funds are to be debited within 48 Hours from the effective date of such change. I understand that failure to do so may delay receipt of funds.

Signature _____ Date _____

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK. BANK DRAFTS AND DEPOSIT SLIPS ARE NOT VALID.
IF NO PRE-PRINTED CHECK IS AVAILABLE ATTACH A BANK LETTER IN PLACE OF A PRE-PRINTED CHECK