

# **ACH** Authorization

## **Choose your Option Below:**

#### □ Recurring Billing

In consideration of the goods, products and/or services provided to me by Total Solutions as listed below, I hereby authorize Total Solutions to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called Client Bank, and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

#### □ Single Billing

In consideration of the goods, products and/or services provided to me by Total Solutions as listed below, I hereby authorize Total Solutions to initiate a debit entry to my checking account indicated below at the depository financial institution named below, hereinafter called Client Bank, and to debit the same to such account for the amount listed below. This authorization will continue until revoked in writing.

### **Account Information:**

Account Name:			
Name of Account Holder:			
Address:			
City:	State:	Zip:	
Contact Phone:			
Client Bank Name:			
Last Four Digits of Account #:	Bank Routing #:		
Products or Services:			

By signing this agreement, I hereby authorize Total Solutions to electronically debit the checking or savings account indicated above for payments due under this agreement. I understand the effective date of these electronic debits to my account will be the business day on which the payment is due or scheduled per this agreement. I understand that if the debit is returned unpaid due to insufficient funds or my banks electronic draft restrictions, I may be charged a \$25.00 NSF Penalty for the returned item. I hereby assert that I am either the rightful and legal owner or I am a duly authorized signer on the account with the power to authorize these transactions.

Signature of Account Holder:		Date:	
8057 Seneca Turnpike, Clinton, NY 13323	Phone: 315-724-9410	Fax: 315-732-4598	
E-mail: help@totalsolutions.cc	om web: totalsolutions.	.com	