

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- Save 5% by authorizing to save this payment information automatically debit future invoices
- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will receive a copy of the invoice on the first business day of each month with the opportunity to review the upcoming charges and be able to contact us with any concerns or questions. The payment will then be processed on the second business day of each month. You will be charged the amount indicated on the invoice each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." The most secure way to send your bank account information is to make the first payment online at <http://ach.itforsmall.biz> and use your online banking credentials. However, you may also use this form to manually setup payments with your bank account and routing numbers. Before your payment can be processed your account will be validated by making two small deposits and confirming the amounts deposited to prove ownership and permission to access the account.

Please complete the information below:

I _____ authorize IT FOR SMALL BIZ, LLC to charge my bank account
(full name)
 each Month for payment of my Invoice.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Optional (Manual Bank Confirmation if not confirmed online)

Account Type: Checking Savings

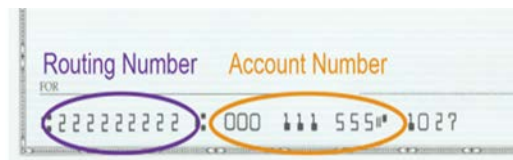
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify IT FOR SMALL BIZ, LLC by email or phone of any changes in my account information or termination of this authorization prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that IT FOR SMALL BIZ, LLC may at its discretion attempt to process the charge again every 7 days and agree to an additional service fee for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

