



# ACH / Credit Card Payment Authorization

Sign and complete this form to authorize the merchant below to make a one-time charge to your Credit Card or Bank Account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize Valley AIDS Council to charge my Credit Card or Bank Account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_ (Date).

Goods / Services Rendered: \_\_\_\_\_

### Billing Details

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card Information

- Visa  - MasterCard  - AMEX  - Discover

Cardholder's Name - \_\_\_\_\_

Credit Card Number - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration Date - \_\_\_\_ / \_\_\_\_

Security Code (CVV) - \_\_\_\_

---OR---

### Bank (ACH) Information

- Checking Account  - Savings Account

Name on Account - \_\_\_\_\_

Bank Name - \_\_\_\_\_

Account Number - \_\_\_\_\_

Routing Number - \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50.00 charge 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 certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_