ACH Authorization Form

(I/We) do hereby authorize bLoyal, to initiate recurring (debit or credit) entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereinafter named FINANCIAL INSTITUTION. (I/We) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debt(s) should be returned NSF, (I/we) authorize bLoyal to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of $25.00 per item by electronic debit from (my/our) account identified below. I am a duly authorized check signer on the financial institution identified below, and authorize all of the above as evidenced by my signature below.

This authorization is to remain in full force and effect until bLoyal has received written notification from me (or either of us) of its termination in such time and in such manner as to afford bLoyal and FINANCIAL INSTITUTION a reasonable opportunity to act upon it. Payment Amount(s): As described in this Service Agreement and per the Pricing section above.

Account Name	
Bank Name	
Bank Branch	
Routing Number	
Account Number	
Address (Street, City, Stat & Zip)	

Name	Date	Position