

Authorization for Direct Payment Via ACH (ACH Debit)

Consumer authorization for Direct Payment via ACH (ACH Debit)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I/We hereby authorize CrossFit Fayetteville, LLC to electronically debit my/our account (and if necessary, to electronically credit my/our account to correct erroneous debits¹).

_____ Checking Account OR _____ Savings Account at the deposit financial institution (“Depository”) named below. I/We agree that ACH transactions I/We authorize comply with all applicable law.

Bank Name _____ Routing Number _____

Account Number _____ Name(s) on Account _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Date(s) and/or frequency of debit(s): _____
(You can have your account drafted on the 1st or the 15th of each month.)

I/We understand that this authorization will remain in full force and effect until I/We notify CrossFit Fayetteville, LLC by an email to crossfitfayetteville@gmail.com that I/We wish to revoke/modify this authorization. I/We understand that CrossFit Fayetteville, LLC requires at least 15 days prior notice in order to cancel or modify this authorization².

Name(s) Please Print _____

Signature(s) _____ Date _____

Email: _____ Phone # _____

¹ The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

² Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The references to notification should be filled with a statement of the time and manner that notification must be given in order to provide CrossFit Fayetteville, LLC reasonable opportunity to act on it (e.g., “in writing by email to crossfitfayetteville@gmail.com that is received at least 15 days prior to the proposed effective date of the termination of authorization”).