



ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below 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" from **Axiom**. You agree that no prior-notification will be provided unless the date or amount changes.

The agreed upon ACH schedule cannot be changed or cancelled without 30 day written notification.

Please complete the information below:

I _____ authorize **Axiom Payment Solutions** to charge my bank account
(full name)
indicated below on the _____ of each **Month** for payment of my **<insert type of bill>**.
(day or date)

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

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Please attach a voided check with this agreement

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Axiom Payment Solutions** in writing of any changes in my account information or termination of this authorization at least **30** days 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 **Axiom Payment Solutions** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35** 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.