

ACH Authorization Form

All Information on this form is required unless otherwise noted

Merchant Information:

Merchant Name

Merchant Phone Number

FL

Merchant Address

City

ST Zip

Account Holder Information:

Account Holder Name

Account Holder DBA Name (if Business Account)

Account Holder Phone

FL

Account Holder Address

City

ST Zip

Account Holder's Bank Information:

Account Holder's Bank Name

Branch City

MN

ST Zip

How to find your Routing and Account Numbers on a check:



- Business Checking
 Personal Checking

Bank Routing Number (9 digits)

Bank Account Number

Transaction Information:

Amount of Transaction

Effective Date

Authorization:

In exchange for products and/or services the undersigned hereby authorizes United TranzActions on behalf of UTA TEST MERCHANT to electronically draft via the Automated Clearing House system the amount indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I understand that in the event my check, draft, or EFT is returned unpaid, the merchant with which I am transacting may be requested to provide information to UTA or its agents or contractors concerning my transaction with the merchant for collection purposes, to obtain payment from me, or to contact me regarding my check or electronic payment. I further agree and understand that should my check or EFT return, a service fee of \$25.00 or the maximum service fee allowed by law may be charged to my account via draft or EFT.

Signature of Account Holder	Name/Title of Account Holder	Date