

57< Payment Authorization

Check One (1) and Enter Your Details

☐ - **57< on File** – You authorize charges to your ACH account. You will be charged for open invoices. The charge will appear on your Bank Statement. You agree that no prior-notification will be provided.

I _____ authorize A/E Graphics Inc & Epic Color to charge my ACH account for open invoices.

Goods / Services Rendered: _____

☐ - **One (1) Time Charge** – You authorize the merchant below to make a one-time charge to your 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 A/E Graphics Inc & Epic Color to charge my ACH account indicated below for \$ _____ on _____ (Date).

Invoice / Sales Order information: _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

ACH Account Information

☐ - Checking ☐ - Savings ☐ - Business ☐ - Personal

Account Holder's Name - _____

Routing Number - _____

Account Number - _____

Applicant agrees that the information provided is accurate and complete. Applicant also acknowledges that all orders may be terminated immediately at A/E Graphics discretion if any charges are declined or charged backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to billing@aeographics.com

Changes to the status of this account can be emailed to billing@aeographics.com

Individual's Signature _____ **Date** _____

I authorize the above named business to charge the ACH account indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this ACH account and that I will not dispute the payment with my bank; so long as the transaction corresponds to the terms indicated in this form.