

ACH Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier. Tired of writing checks each month... schedule

Complete and return this form to ar@amci-wireless.com to get started!

your payment to be automatically deducted from your bank account! It's a convenient way to ensure uninterrupted services, while saving you time and money on postage and handling. Customer ID and / or Recent Invoice Number I authorize American Millennium Corporation, Inc. DBA AMCi Wireless to initiate ACH debit entries to the bank account listed below, on or after the due date of the associated invoices. AMCi Wireless may debit the following types of invoice from my account: ☐ Monthly Alarm / Airtime charges – Up to \$______ each month (charged in full if blank) ☐ Equipment / Accessories – Up to \$______ each shipment (charged in full if blank) Name on Bank Account **Bank Name Routing Number Account Number** Bank City / State / ZIP Checking or Savings Important information regarding debit block services: If you subscribe to an ACH debit blocking service through your bank, you may need to pre-authorize us to draft funds from your account. Our ACH Company ID is 0000460462 Who would you like to receive your invoice / receipt: E-mail

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AMCi Wireless in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge and agree that I'm responsible for overdraft, insufficient funds, and other service charges that my bank may impose in connection with the bank account listed above. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that AMCI Wireless may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 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 certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Name / Title _____

SIGNATURE

Phone ()

DATE ___