

## **ACH Payment Authorization Form**

I (we)\_\_\_\_\_\_hereby authorize Streamline Resources, Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Streamline Resources, Inc. is notified by me (us) in writing to cancel it in such time as to afford Streamline Resources, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Terms at Net 15 from date of invoice.

## Please complete the information below:

Billing Address			Phone#
City, State, Zip			Email
Account Type: Name on Acct	Checking	Savings	
Bank Name			Routing Number Account Number
Account Number			€22222222 : 000 111 555 1027
Bank Routing # _			
Bank City/State			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for NonSufficient Funds (NSF) I understand that Streamline Resources, Inc. may, at its discretion, attempt to process the charge again within 3days, and I agree to an additional \$35.00 charge for each attempt returned NSF, which will being initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Streamline Resources, Inc. 'billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.