# Automated Payments (ACH) Customer Authorization

This allows your monthly interest payments and payoffs to be directly deposited into your account. Please complete the information below so we may get you set up.

Name			
Address	City	State	Zip Code
Phone Number	E-Mail Address		

Banking Information

Name of Primary Bank	Name of Account
Account Type ☐ Checking ☐ Savings	Bank Phone Number
Bank Routing Number (see example below)	Bank Account Number (see example below)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM
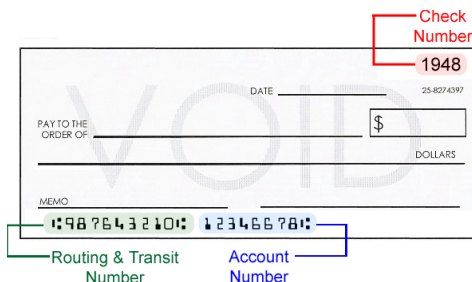
I hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Val-Chris Investments, ISAOA, in payment for services rendered to me, not to exceed the amount agreed to by me below.

I further understand that should my bank dishonor my automated payment for insufficient or uncollected funds, the original amount, plus an additional transaction in the amount of the state allowed NSF check fee may be electronically debited from my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature	Date

Agreed Upon Amount and Terms
Your payment will be due on the 1st of each month (see Promissory Note for 1st payment date).
You have a 10-day grace period.

My account will be debited on the _____ day of each month

NOTE: Dates selected after the 11th of the month will be assess a 10% late charge