American Miniature Horse Association

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ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Here's How ACH Payments Work:
You authorize charges to your checking/savings account. You will be charged the amount indicated on each work order or invoice. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "**AmericanMinitur ID Internet Initiated Transaction.**"

Please complete the information below:

I _____ authorize **AMHA** to charge my bank accountindicated below
(full name)

for payment of my future work orders and invoices.

Billing Address _____   Phone# _____

City, State, Zip_____   Email _____

Checking/ Savings Account

☐Checking☐Savings	SIGNATURE DATE _
Name on Acct _____	
Bank Name _____	I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AMHA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next payment.If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that AMHA may at its discretion attempt to process the charge again within 30 days, and agree to an additional $35 charge for each attempt returned NSF which will be 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 certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my so long as the transactions correspond to the terms indicated in this authorization form.
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Routing Number   Account Number
FOR
2222222222 000 111 555 1027