



## ACH Authorization

I (we) authorize Alpha-Omega Miracle Home (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Amount of authorized debit(s): \$ \_\_\_\_\_

Date(s) and/or frequency of debit(s) \_\_\_\_\_.

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least **4 weeks** prior notice in order to cancel this authorization.

If the payment is rejected due to **Non Sufficient Funds (NSF)**, I understand that COMPANY may attempt to process the transaction again within 30 days, and I agree to an additional **\$35** charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_