



194 Civic Circle #292112, Lewisville, TX 75029  
Phone: 972-365-3242 Fax: 972-315-9378

### ACH Payment Authorization Form

**Here's how ACH Payments Work:**

You authorize a regularly scheduled charge to your checking or savings account. You will be charged the amount shown below on the scheduled date indicated. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 3 days prior to the payment being collected.

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**Please complete the information below:**

I \_\_\_\_\_ authorize EKIMANIT.COM to charge my bank  
(full name)

account the amount indicated below for my web site maintenance fee:

**Standard Website one-time setup fee: \$350.00 Maintenance fee: \$\_\_\_\_\_**

To add e-Commerce to your website, add the following:

**E-commerce one-time setup fee: \$150.00 Additional Maintenance fee: \$15.00**

**Total one-time Payment: \$\_\_\_\_\_**

**Total Maintenance Payments: \$\_\_\_\_\_**

**Recurring Payment Schedule on the:**  **1<sup>st</sup>** or  **15<sup>th</sup>** of every month.

**Bank Account**

**Billing Address**

Checking       Savings

Name on Acct: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank City/State: \_\_\_\_\_



Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **EKIMANIT.COM** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 **EKIMANIT.COM** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.