



3293 Chasewood Drive
Idaho Falls, ID 83406
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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Merchant Information

Merchant DBA Name: _____ ID Number: _____
Owner: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

Banking Information

Name on Account: _____ Account Type: ☐ Checking ☐ Savings
Depository (Bank) Name _____ Branch _____
City: _____ State: _____ Zip: _____
Routing Number _____ Account Number _____

ACH Payment is for the following Item(s)

One Time ACH Authorization		Amount	Monthly ACH Authorizations		Monthly
One Time ACH Authorization Total			Monthly ACH Authorization Total		

I authorize Valued Merchant Services, Services Provider, and/or bank to electronically debit the bank account of which I am an authorized signor as identified above to the terms stated here and if necessary to electronically credit the bank account to correct erroneous debits. This authorization shall remain in effect until Valued Merchant Services receives written notification from me of my intent to terminate and revoke this authorization at such time and in such manner as to afford Valued Merchant Services and/or the bank reasonable opportunity to act (Minimum of 30 days).

I understand that if the total amount owed to Valued Merchant Services is increased, I authorize this plan to continue so long as the payment amount and frequency remains unchanged until the total amount owed to Valued Merchant Services is paid in full or unless the plan is terminated or revoked earlier by me as above. I understand that the timing of the revocation may not allow for scheduled payments to be stopped.

I understand any additional amounts and/or changes to the amount, frequency, or bank account number will require a new ACH Authorization Form to be filled out and submitted to Valued Merchant Services at least 15 days prior to being implemented to afford Valued Merchant Services and/or the bank a reasonable opportunity to act.

I understand that this payment plan may be cancelled by Valued Merchant Services and/or the Bank due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowed by law), which may be automatically debited for each NSF. Valued Merchant Services may attempt to collect rejected payments up to two times before canceling agreement. At which time any amount remaining will be due to Valued Merchant Services to collect.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan with Valued Merchant Services. I indemnify and hold Valued Merchant Services and/or the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

Printed Name _____

Signature _____ Date _____

A voided check from merchant's bank account must accompany this authorization form.