



3400 Dundee Rd, Suite 180
Northbrook, Illinois 60062
T 800.866.6396 F 508.229.7899

Authorization for Automatic Withdrawal (ACH Debit)

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Instructions: Complete the form below, sign and attach an unsigned and voided check from your bank account.

I/WE, hereinafter called "Customer", authorize Beacon Funding Corporation and/or its successors and/or assigns, hereafter called "Agency", to initiate withdrawal(s) (debit entry/entries) from Customer's checking account indicated below and the banking institution named below, hereinafter called "Institution", to debit the same such account.

Customer further authorizes Agency to initiate credits or debits to Customer's account to correct any errors, and Institution to initiate any such corrections to Customer's account. It is agreed that the withdrawal(s) and adjustment(s) may be made electronically and under the rules of the National Automated Clearing House Association. This authorization is to remain in full force and effect until Agency and Institution has received written notification from Customer of its termination in such time and in such manner as to afford Agency and Institution a reasonable opportunity to act upon it.

If there are insufficient funds in the account below to make any preauthorized debit, Institution may refuse to make the automatic debit, in which case Agency may then reattempt to draft funds a second time. Should both debit attempts be refused by Institution, Customer agrees to separately make payment of the amount(s) then due. Customer agrees to pay all fees on the account resulting from the automatic debits, including the amount of any resulting overdraft and any overdraft/NSF charges. Customer acknowledges and agrees that Agency may cancel this automatic withdrawal service at any time upon five (5) days written notice to Customer, or without notice if Institution's attempted debit entries have failed three (3) or more times for any reason, including insufficient funds.

ONETIME Authorization

Customer hereby authorizes Agency and Institution to initiate a withdrawal equal to \$_____ which will be debited from your account on next business day (unless such due date falls on a Saturday, Sunday, or legal holiday, whereas withdrawal may be made on the following business day).

ONGOING Authorization

Customer hereby authorizes Agency and Institution to initiate withdrawals where such withdrawals shall be equal to each scheduled payment periodically due plus any applicable taxes and other amounts due and owing at the time of such withdrawal. If such due date falls on a Saturday, Sunday, or legal holiday, withdrawals may be made on the following business day.

AUTHORIZATION FORM

Bank Name _____

Bank Transit ABA _____

Checking Account Number _____

Customer (Company Name) _____

Authorizing Party Name (printed) _____

Customer Signature **X** _____ **Date:** _____



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