



ACH Payment Authorization

☐ - **Recurring Charge** – You authorize regularly scheduled charges to your Bank Account. A receipt for each payment will be provided to you and the charge will appear on your Bank Account Statement.

Company Name _____

Physical Address _____

Phone # _____ Email _____

I _____ authorize PURE GAS to charge my Bank

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant 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 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50 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 certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Bank (ACH) Information

Name on Account _____

Bank Name _____

Account Number _____

Routing Number _____

Signature _____ Date _____

Email form to billing@puregastx.com