

## ACH Authorization Form

I, \_\_\_\_\_, authorize Genesee Media Corporation to charge my bank account below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month.

This payment is for \_\_\_\_\_ .

### Billing Information

Billing address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone number: \_\_\_\_\_

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

### Bank (ACH) Information

Type of account: Checking account

Name on account:

Bank name:

Bank city/state:

Account number:

Routing number:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Genesee Media Corporation in writing of any changes in my account information or termination of this authorization at least 30 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For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Genesee Media Corporation may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 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 certify that I am an authorized user of this 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.

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_