

One (1) Time ACH Payment Authorization

Sign and complete this form to authorize Benefit Results, LLC to make a one (1) time debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize Benefit Results, LLC to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on _____
(Amount \$) (Date)

This payment is for _____
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Benefit Results, LLC may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Benefit Results, LLC billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

SIGNATURE _____
(Account Holder's Signature)

DATE _____