

## **Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

T	authorize Tri-Flo Inc. to charge my bank account indicated below
(full nan	authorize Tri-Flo Inc. to charge my bank account indicated below  e)
automatically for all cl	arges on my account.
Customer #	
Billing Address	Cell Phone#
City, State, Zip	
E-Mail	
Auto I	Checking/ Savings Account
	☐ Checking ☐ Savings
	Name on Acct
	Bank Name
	Account Number
	Bank Routing #
	Routing Number Account Number
SIGNATURE	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tri-Flo Inc. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Tri-Flo Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$42.00 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.