



# Authorization For Automatic Withdrawals- (Funds to GCA)

Complete and sign this form to authorize your payments to Graymont Coop to be automatically debited (withdrawn) from your checking or savings account.

## How ACH Payments Work

You authorize money to be debited from your checking or savings account to pay for products or services provided by Graymont Coop (GCA). We will withdraw 100% of the amount due and the ACH debit will automatically occur on the 19<sup>th</sup> of the month that the invoice is due.

- 1<sup>st</sup> of the month- Statement will be emailed to you
- Around the 15<sup>th</sup> of the month- Receipt will be emailed to you of the dollar amount to be pulled. A text message will also be sent to alert you to check your inbox. This is your time to review the amount and report any discrepancies.
- The 19<sup>th</sup> of the month (Or next business day available) - The amount that was reported to you around the 15<sup>th</sup> of the month will automatically come out of your bank account provided to us below.

Office Use Only
GCA Acct #: _____
Acct Name: _____
Prenote Verified: _____

Please Note: A prenote of one cent will be sent to the bank account provided for verification purposes upon setup. You will receive an email with instructions on how to verify your information.
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## Requirements to sign up for ACH debits (withdrawals)

- You must provide an email address(es) to use and you will no longer receive paper statements.
- You must provide one cell phone number that you want the alerts sent to.
- You must have an available balance in your account before the 19<sup>th</sup> of the month above the amount that we are pulling from your account.

## Please complete the information below

I, \_\_\_\_\_, authorize GCA to debit my bank account for any applicable charges that are due to GCA on the 20<sup>th</sup> of the month on the applicable due date.

Email Address(es) to Use: \_\_\_\_\_

Cell Phone Number to Use for text notifications (only one number can be used per account): \_\_\_\_\_

Name on Account \_\_\_\_\_ Choose Account Type:      Checking      Savings

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank City and State: \_\_\_\_\_

### Please Attach a Voided Check (REQUIRED)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GCA 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, 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 GCA may at its discretion attempt to process the charge again within 10 days. I also agree to an additional \$35.00 charge for each returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. I understand that if a transaction is rejected for non-sufficient funds more than once, GCA may at its discretion, stop this service at any time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_