



AUTOMATED CLEARING HOUSE (ACH)

AUTHORIZATION AGREEMENT

Customer Name: _____
*Authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the **Total Amount Due** according to our Invoice/Statement.*

Bleyhl Account Number: _____

ACH Effective Date: _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Type of Account: () Checking () Savings

Name Bank Account Is Under: _____

Bank Routing Number: _____

PLEASE INCLUDE A VOIDED CHECK

Authorized Individual of the Account: _____

Print

Signature _____ Today's Date _____

Title _____ Telephone Number _____

Your account will be drafted on the 20th of the month (unless that date falls on a weekend or holiday then it will be the next business day) Please complete this form and fax it to 509-882-4208 or you may mail it to:



940 E Wine Country Rd, Ste A
Grandview, WA 98930

ACH (Automated Clearing House) Policy

We will debit your bank account for the balance of your regular and/or budget account based on the statement balance.

The debit will occur on the 20th of the month unless it is a weekend or a holiday then it will occur the next business day after the 20th.

We will debit the account balance from the valid banking account you provided us when signing up.

The customer agrees to have enough in their bank account on the date of the debit to cover the account balance.

The customer will have until the 15th of the month to notify Bleyhl that there is an error in their account balance. (This will not impact your rights under the Federal Fair Credit Billing Act.) If notified in a timely manner, Bleyhl will have the opportunity to adjust the amount being debited from the customer's account. If Bleyhl is not notified in a timely manner, the full account balance will be debited and a credit for the amount of the error will be put on the customer's account.

If you have additional questions, please contact Bleyhl Co Op at (509) 882-2248