SIX°

ACH Payment Authorization

This form authorizes scheduled charges to your bank account for the amount indicated below. A receipt for each payment will be provided via email and the charge will appear on your bank account statement. You acknowledge that no other prior notification will be provided to processing the scheduled charges unless the date or the amount changes, in which case you will receive notice at least 10 days prior to the payment being collected.

I _____ (Printed Name) authorize Ozi and the Hypeman, LLC DBA "SIX° Networking" to charge the bank account listed below for (***Please Check One):***

☐ A one-time payment of **$1,750.00** (Annually).

☐ A recurring payment of **$500.00** on day _____ (1- 28) every 3 months (Quarterly).

☐ A recurring payment of **$195.00** on day _____ (1- 28) of every month (Monthly).

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank (ACH) Information
Please Check One:
☐ Checking Account   ☐ Savings Account

Please Check One:
☐ Business Account   ☐ Personal Account

Name on Account _____ Bank Name _____

Account # _____ Routing # _____

I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the merchant at least 5 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that the merchant may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional $35 charge for each attempted NSF returned. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank so long as they correspond to the terms outlined above.

Authorizer's Signature _____ Date _____