



Recurring ACH Payment Authorization

I acknowledge that I am an authorized representative of the following company and duly authorize KMG Services LLC to draft our bank account as required for the participants of our Alternate Payor Agreement and the products to which they are subscribed.

Company Name: _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Business Bank Account Personal Bank Account

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify KMG Services LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next depository date by emailing billing@kmg-services.com or calling 833-564-2455 ext 2. If the above noted payment date falls 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 KMG Services LLC may at its discretion attempt to process the charge again within 7 days and agree to an additional \$39 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.

SIGNATURE _____
(Account Holder's Signature)

DATE _____



1496 US Route 9
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833-564-2455