ACH Authorization Form

General Shelters of Texas, Ltd.
P.O. Box 2108
Center, TX. 75935
Phone Number: 936-598-3389
Fax Number: 936-590-4001
Website: www.generalshelters.com
E-mail Address: rto@generalshelters.com

Date:

Contract #

Customer Information	Customer Account Number
Customer Name:_____	ID DL# (Required):
Name on Account/Card _____	Social Security Number:
Home Address:	Home Phone:
City, Zip:	Work Phone:

Financial Institution
Name of Institution:_____

Type of Account
☐ Personal Checking ☐ Personal Savings
☐ Business Checking ☐ Credit Card

Bank Account or Credit Card #:_____

Bank Routing Number **:** _____ **:** _____   Exp Date if Credit Card:_____

Payment Information

- Please debit ongoing payments of $ _____ from my checking/ savings account or credit card on after

the _____ day of each month until this contract has been terminated or paid out .

First Payment Date _____

AUTHORIZATION

I authorize the electronic debit or debits to my account as outlined in the above form.   I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization.   This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.
CHANGE OF INFORMATION: I agree to notify verbally to (936) 598-3389 or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment. I further agree to pay and authorize a $0.00 debit if I change bank account or payment information.
RETURNS: I authorize the state authorized fee or returned item fee in the amount of **$25.00** to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.
CANCELLATION: Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.

_____   _____
Signature   Date