



ACH Payment Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

ACH Routing Number: _____

Checking Account Number: _____

Bank or Credit Union Name: _____

Email associated with account: _____

Name on account: _____

Checking Type: Business / Personal / Business Savings / Personal Savings

I, _____, authorize Confidence Analytics to charge my checking account above for agreed upon purchases per the terms checked below. I confirm that I have legal authority to authorize these payments and terms for _____. (Company name)

Automatically upon invoice of services

Upon email confirmation from the following email address to run the ACH payment. If selecting this option provide an additional phone and email for contact for payment authorization

Additional contact name: _____

Contact phone: _____

Contact emails: _____

****Please note that results may be delayed while pending authorization and run of ACH payment on open invoices. To prevent any delays in results, please select the "Automatically upon invoice of services" option****

I understand that my information will be saved on file for future transactions on my account.

Customer signature

Date