CONFIDENCE ANALYTICS®

**14797 NE 95th St
Redmond, WA 98052**

**1030 Huston St Ste E
Grover Beach, CA 93433**

**+1-206-743-8843
info@conflabs.com**

ACH Payment Authorization Form

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

ACH Routing Number: _____

Checking Account Number: _____

Bank or Credit Union Name: _____

Email associated with account: _____

Name on account: _____

Choose one: ( ) Business Checking   ( ) Business Savings   ( ) Personal Checking   ( ) Personal Savings

I, _____, authorize Confidence Analytics, Inc., as the payment processor for Confidence Analytics Inc. and its subsidiaries, to charge the 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; *or*

( ) Upon my email confirmation to run the payment. If selecting this option provide an additional phone and email for contact for payment authorization**

Additional contact name: _____

Contact phone: _____   Contact email: _____

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. For personal accounts, written authorization must be obtained each time the account is charged, so by default all personal accounts are upon email confirmation.

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

Name: _____   Title: _____

Signature: _____   Date: _____