



111 N Commercial Drive Teutopolis, IL 62467 Ph: (217) 367-1578

**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)**

*Consumer Authorization for Direct Payment Via ACH (ACH Debits)*

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I authorize American Fiber Network, Inc (AFN) to electronically debit my account as follows:

\_\_\_ Checking Account \_\_\_ Savings Account (select one) at the financial institution named below. I agree that ACH transactions I authorize comply with all applicable laws.

Financial Institution Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**PAYMENT DETAILS:**

Amount Shown Due on Invoice or Statement

**Frequency:** Monthly (15<sup>th</sup> or the 30<sup>th</sup> depending on billing cycle)

I understand that this authorization will remain in full force and effect until I notify AFN in writing that I wish to revoke this authorization. I understand that if there is insufficient funds in my account to cover the payment I will be charged an NSF Fee. AFN will re-authorize the ACH once after the first attempt. I understand that AFN requires at least 10 days prior notice in order to cancel this authorization.

Print Individual Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

How would you like your statement?

Email    Mail    None  
     

Email: \_\_\_\_\_