



ACH AUTHORIZATION FORM

Customer Name: _____

The Customer agrees to the ACH Debit method of payment. Pacific Plus International Inc. will initiate such debits by ACH Debit out of the Customer's bank account.

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

ABA Routing/Transit Number: _____

Account Number: _____

Account Type: checking savings

Submit a void check

Contact Person: _____

Phone: _____

Email: _____

Information Provided By: _____

I understand that this payment plan may be cancelled by the Service Provider/Merchant due to NSF (Non-sufficient I Funds). I will be liable to pay an NSF fee of \$100.00, which may be automatically debited for each NSF.

Authorized Signature (must be an authorized signatory on account listed)

Print Name

Title

Date

This authorization shall remain in effect until revoked in writing (30 days prior notice) by an authorized representative of Customer.