



Authorization for ACH Debit



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

I (we) authorize Renegade Technologies to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking account / Savings account (choose one) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name

Routing Number

Account Number

Amount of debit(s) or method of determining amount of debit(s):

Date(s) and/or frequency of debit(s):

I (we) understand that this authorization will remain in full force and effect until I (we) notify Renegade Technologies in an E-mail message to billing@renegadetech.com that I (we) wish to revoke this authorization. I (we) understand that Renegade Technologies requires at least two weeks prior notice in order to cancel this authorization.

Name(s):

Date: Signature(s): _____

(Please E-mail this completed and signed form to billing@renegadetech.com.)