



ACH Authorization for CCD Transactions

This Agreement governs ACH transactions initiated by International Orthodontic Services to credit or charge the Company indicated below. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by International Orthodontic Services that credit or debit the Company bank account listed below, and acknowledge that the origination of ACH transactions to the listed account must comply with provisions of U.S. law.

This Agreement provides authorization for individual or recurring CCD transactions to be initiated by International Orthodontic Services when individually authorized using the methods designated below. This Agreement will remain in effect until ____/____/____. Both parties agree that this Agreement in conjunction with any of the designated methods constitutes authorization to debit Company's business bank account, and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Please complete the information below:

Company Name:

Billing Address:

Phone:

City, State, Zip:

Email:

Form box containing fields for: Company Name on Bank Account, Bank Name, Account Number, Routing Number, Bank City / State, and a checkbox for 'This Business Bank Account is Enabled for ACH Transactions' with Yes/No options.

I Authorize International Orthodontic Services to initiate ACH Debits and Credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.

Signature:

Date:

Name:

Title:

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company understands that this authorization will remain in effect until XXXXXXXXXXXX, and agrees to notify International Orthodontic Services in writing at least 15 days in advance of any changes in its account information. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the date an individual transaction is authorized, and that it will have limited time to report and dispute errors. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) Company understand that International Orthodontic Services may at its discretion attempt to process the charge again within 5 days, and agrees to an additional \$100 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. If the second ACH transaction being rejected too, International Orthodontic Services has the right to charge the credit card on file the contract agreement amount plus 4% as a credit card transaction fee. Company has certified that the above business bank account is enabled for ACH transactions, and agrees to reimburse International Orthodontic Services for all penalties and fees incurred as a result of Company's bank rejecting