The Denture Lab
328 Old Airport Rd South
Pontotoc, MS. 38863
662.253.5280

ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Payment Authorization Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Payment Authorizations Work:
By completing the form below and providing your bank information to The Denture Lab, you authorize us to credit your bank account to pay your account with us. We never credit your account without your verbal consent. This information is required for us to have on file before we can initiate an ACH credit to your account. When you receive your statement, or at any time in the billing cycle, you may contact us by phone, fax or email to request a payment be made. When such payment is made, the charge will appear on your bank statement as "ACH credit".

Please complete the information below:

I (we) _____ authorize The Denture Lab to credit entries to my
(full name)
(our) account indicated below at the depository financial institution named below, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Billing Address _____ Phone#_____

City, State, Zip _____ Email _____

Account Type: ☐ Checking ☐ Savings

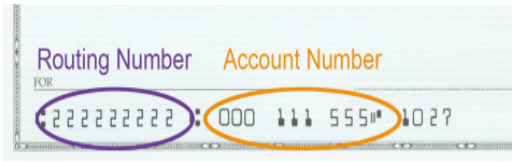
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Denture Lab in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Denture Lab may at its discretion attempt to process the charge again within 30 days, and agree to an additional $25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.