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Automatic ACH Payment Authorization Form

Authorize your monthly payment to be processed from your bank account. Complete and sign this form to get started. You may cancel this automatic payment at any time before the next processing date by notifying us in writing. We will not receive this form via email unless the form is sent as a secured attachment. Please contact our office with any questions.

Business Name: _____

Address: _____

Phone Number: _____ Email: _____

Account information: Complete below or attach a voided check

Account Type:(savings / checking) _____

Account Holders's Name: _____

Bank/Institutes Name: _____

Routing Number: _____ Account Number: _____

Account Statement Zip Code: _____

Payment Authorization

I Authorize 3137 Hennepin, LLC to automatically process my monthly payment on the 1st of each month from the bank account listed above as specified:

☐ Frequency: _____ Start Month: _____

☐ One-Time Payment in the Amount of: _____ Date: _____

Signature: _____ **Date:** _____

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