



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 by notifying us in writing before the 20th of the month prior to the next processing date. If an ACH payment is returned and a bank fee is incurred, the fee will be charged back to the Account Holder. 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 Quality Growth, LTD. to automatically process my monthly payment on the 1st of each month from the bank account listed above as specified. I understand that this authorization will remain in full force and effect until I notify Quality Growth, LTD. in writing that I wish to revoke this authorization.

☐ Frequency: _____ Start Month: _____

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

☐ Signature: _____ Date: _____

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