



ArcLight Information Technology, LLC

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ACH Recurring Payment Authorization Form

*Bank account MUST be a company bank account or the personal bank account of an owner, principal or officer of the company.

Please complete this form to authorize us to make recurring Automated Clearing House (ACH) debits from your checking or savings account. Debits will be made only for payment of recurring monthly services or for other services and/or products that the client has agreed to. For each debit, a receipt will be emailed to the account holder, and each debit will appear on the account holder's monthly account statement.

Client (Company) Name _____

Client (Company) Address _____ (Street)

_____ (City) _____ (State) _____ (ZIP) _____ (Phone)

Bank Account Information:

Account Type Checking Savings

Account Owner Company / Corporate Personal

Account Owner's Name _____ (as it appears on the account)

Bank Name _____

Account Number _____ (last four digits only – for security we will call for the full #.)

Bank Routing Number _____

Bank Location _____ (City) _____ (State)

Account Owner/Signatory's Email Address _____

I authorize ArcLight Information Technology, LLC to debit the above checking/savings account for services and/or products provided to the above-named client. I understand that this authorization will remain in effect until ArcLight receives written notice of cancellation. I certify that I am an authorized signatory of this bank account and that I will not dispute the payment with my bank, provided that the transactions are for services and/or products provided to the above-named client.

Account Owner/Signatory's Printed Name _____ Title _____

Account Owner/Signatory's Signature _____ Date _____

Please return the completed form by fax to **617.379.5911**
or by email attachment to **billing@arclight-it.com**