

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I/We hereby authorize Second Chances Recovery & Retail Store, Inc. to electronically debit my/our account (and if necessary, to electronically credit my/our account to correct erroneous debits¹).

Checking Account OR Savings Account at the depository financial institution named below. I/We agree that ACH transactions I/we authorize comply with all applicable law.

Bank Depository Name _____

Routing Number _____ Account Number _____

Name(s) on Account _____

Address: _____
Mailing address City, State & Zip Code

Phone: _____

Amount of debit(s) or method of determining amount of debit(s) authorized: \$ _____

Date(s) of debit(s): 1st day of the month 15th day of the month

List the date you would like for the **first** ACH transaction to **begin**: _____

I/We understand that this authorization will remain in full force and effect until I/we notify Second Chances Recovery & Retail Store, Inc. (SCRRS) that I/we wish to revoke this authorization. I/We understand that SCRRS requires at least seven (7) days prior notice in order to cancel this authorization².

Name(s) (Please print) _____

Date _____ Signature(s) _____

Please return this form with a voided check for the account you want the ACH transaction to be drafted from.

Mail to: SCRRS PO Box 505, Poteau, OK 74953 Physical Address: 2312 N. Broadway, Poteau, OK 74953

¹ The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

² Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The references to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to PO Box 505, Poteau, OK 74953 that is received at least three (3) days prior to the proposed effective date of the termination of authorization").