



158-2 Remington Blvd.
Ronkonkoma, NY 11779
(631) 467-6814

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.

Here's How ACH Payments Work:

You authorize a one-time charge to your checking or savings account. You will be charged the amount indicated on your invoice. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____, of _____ authorize **Ultraflex Power Technologies, Corp.** to charge my bank account _____ for payment of on Invoice # _____
(Full name) (Company name) (Amount)

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 _____

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above signed date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Ultraflex Power Technologies, Corp. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50.00 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. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.