

EMERGING PEARLS FOUNDATION, INC

9165 Otis Ave, Suite 238
Indianapolis, IN 46216

ACH Recurring Payment Authorization Form

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each month on the date selected. 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 _____ authorize Emerging Pearls Foundation, Inc. to charge my bank account indicated below on the _____ of each month in the amount of _____ for payment of _____.

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 _____

I understand that this authorization is non-negotiable and will remain in effect until payment is made in full. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Emerging Pearls Foundation may at its discretion attempt to process the charge again within 10 days, and agree to an additional \$25 charge for each attempt 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. I agree not to hold Emerging Pearls Foundation, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Emerging Pearls Foundation receives a written notice of cancellation from me or my financial institution.