

ACH Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the invoice amount on the due date. 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 ACH automatic payments have been cancelled within 7 days of your next shipment.

Please complete the information below:

I authorize Blue Island Oyster Company, Inc. to charge my bank account	
(full name as it is on the bank account)	
indicated below on the due date.	
Billing Address	Phone#
City, State, Zip	Email
Account Type: (Please check one)	
Business Checking Business Savings	
Personal Checking Personal Savings	
Bank Name	
Name on Acct	
Account Number	Bank Routing #
Bank City/State	_
AUTHORIZED SIGNATURE	DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Blue Island Oyster in writing of any changes in my account information or termination of this authorization at least 7 days prior to my next shipment. 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Blue Island Oyster may at its discretion attempt to process the charge again within 10 days, and agree to an additional \$10.00 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.