



**Atrium Pay
ACH Authorization**

Automated Clearing House (ACH) refers to the electronic transfer of funds between **Essential Financial Investments Corp/ Atrium Pay** ("Atrium Pay") and the bank account you (the "Customer") have designated to **Essential Financial Investments Corp/ Atrium Pay** for debiting of funds.

- ☐ **Recurring Charge:** You (the "Customer") authorizes **Essential Financial Investments Corp/ Atrium Pay** scheduled periodic debits from your bank account. In each billing period, you will be charged the amount indicated below. **Essential Financial Investments Corp/ Atrium Pay** will provide you (the "customer") with a receipt for each payment and the debit will appear on your bank account.
- ☐ **One (1) Time Charge:** You (the "customer") authorizes a single transaction **Essential Financial Investments Corp/ Atrium Pay** to debit from your bank account. You will be charged the amount indicated below. **Essential Financial Investments Corp/ Atrium Pay** will provide you (the "customer") with a receipt for each payment and the debit will appear on your Bank Account.

PAYMENT INFORMATION

Pay by ACH (Attach Voided Check and complete information below.)

Terms and conditions. Customer authorizes **Essential Financial Investments Corp/ Atrium Pay**, its designated processor, affiliates, and authorized agents to initiate ACH transfer entries and to debit the account identified herein for all costs and applicable taxes associated with the purchase of goods or services from **Essential Financial Investments Corp/ Atrium Pay**. Customer acknowledges that all ACH transactions are final once processed. Customer agrees that any changes in account information must be in writing and delivered to **Essential Financial Investments Corp/ Atrium Pay** at least twenty-one (21) days prior to the next scheduled payment. Customer agrees to keep account funded to the extent needed to reasonably support transaction amounts posted by **Essential Financial Investments Corp/ Atrium Pay**. In the event that an ACH transaction is rejected for non-sufficient funds, Customer agrees to pay a fee of \$45.00 per rejected transaction. To dispute a payment, Customer must notify **Essential Financial Investments Corp/ Atrium Pay** in writing within thirty (30) days from the receipt of payment. If Customer fails to notify **Essential Financial Investments Corp/ Atrium Pay** of any dispute within that thirty (30) day window, Customer forfeits any claim it may have and **Essential Financial Investments Corp/ Atrium Pay** will have no obligation to resolve any potential dispute. The undersigned represents and warrants (the "Customer") that the person executing the ACH authorization **Essential Financial Investments Corp/ Atrium Pay** is an authorized signatory on the account referenced herein and all information regarding the account and the account holder is true and correct. Customer agrees to indemnify and hold harmless **Essential Financial Investments Corp/ Atrium Pay** from any claim, loss, or expense (including legal fees) arising from ACH transactions authorized herein." **Essential Financial Investments Corp/ Atrium Pay** shall not be liable for any loss, damages, or fees resulting from rejected, reversed, or unauthorized transactions initiated by the Customer or its bank. **Essential Financial Investments Corp/ Atrium Pay** will not be liable for any mistake, error, or false statement provided by Customer.



PROVIDER INFORMATION

Personal/Company Name: _____

Owner or Authorized Representative: _____

Location Address, city, state, zip (Cannot be a P.O. Box):

EIN Number (if applicable)*: _____

Deduction Account: Account in which we debit any service or daily, weekly or monthly fees due to
Essential Financial Investments Corp/ Atrium Pay

DEDUCTION ACCOUNT

Name on the Account: _____

Account Type:

- ☐ **Business Checking**
- ☐ **Personal Checking**
- ☐ **Personal Savings**
- ☐ **Business Savings**
- ☐ **General Ledger**

Bank Name: _____

Routing Transit Number: _____

Account Number: _____

Amount paid by ACH: _____

Periodic charges (if applicable): _____

AUTHORIZATION

By signing below, the undersigned, who is either a principal of the applicant or a personal guarantor of its obligation of the Customer: i) agrees to the terms and conditions on this form; ii) gives Essential Financial Investments Corp/ Atrium Pay, or its assignee(s), approval to make ACH transfers; and iii) certifies that all information provided is true and correct. An electronic or facsimile copy of this authorization shall be as valid as the original.

PROVIDER/ MERCHANT

By: _____

Name: _____

Title: _____

Date: _____

***PLEASE INCLUDE A COPY OF A VOIDED CHECK OR A BANK LETTER**