



# Del Rio

DISCOUNT CORPORATION

## ACH Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed to you for each payment 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: THERE IS A ONE TIME FEE OF \$10.00**  
**\*\*\*\*\*PLEASE RETURN THE SIGNED FORM WITH A COPY OF YOUR CHECK\*\*\*\*\***

I \_\_\_\_\_ authorize Del Rio Discount Corporation to charge my bank account indicated below (full name)

for \_\_\_\_\_ on the \_\_\_\_\_ of each month for payment of my insurance policy(ies).  
(day or date)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Checking  Savings

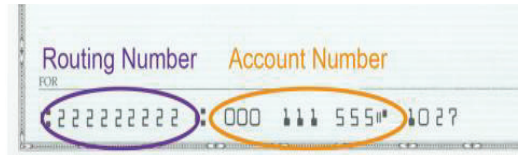
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



Authorization Expiration Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify Del Rio Discount Corporation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Del Rio Discount Corp, may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 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 these scheduled transactions with my bank provided the transactions correspond to the terms indicated in this authorization form.