ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.

Here's How ACH Works:

You authorize McCalls Inc to directly withdraw from your checking or savings account. You will be charged the amount indicated below as agreed. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit" from McCalls Inc

| Please complete the information below: | |
|--|---|
| I aut | thorize McCalls Inc to charge my bank account |
| A payment of \$ for purch | nase of products and or services delivered. |
| ACH will appear as McCalls Inc on bank statement | |
| Billing Address | Phone# |
| City, State, Zip | Email |
| Account Type: | Savings |
| Name on Acct | |
| Bank Name | Routing Number Account Number |
| Account Number | |
| Bank Routing # | |
| Bank City/State | |
| Please attach a voided check with this agreement | |
| SIGNATURE | DATE |

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that McCalls Inc may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized 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 payment with my bank so long as the transaction corresponds to the terms indicated in this authorization form.