



ONE TIME ACH PAYMENT AUTHORIZATION FORM

Please complete and sign this form to authorize CorksribasUSA to make a ONE TIME debit to your checking account. Please scan and attach the completed form to an email and send to info@CorksribasUSA.com.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for this single transaction ONLY, and does not provide authorization for any additional debits to your account.

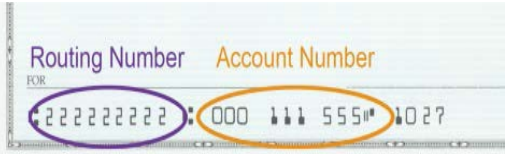
Please fill in the information requested below—or even easier, simply scan a copy of your check made out to CorksribasUSA for the amount agreed upon and email that scanned check copy to info@CorksribasUSA.com and then keep the check for your records.

I, _____ authorize Corksribas to charge my bank account
(full name)

indicated below for _____ on or after _____
(amount) (date)

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Name	
on Acct	_____		
Bank Name	_____		
Account Number	_____		
Bank Routing #	_____		
Bank City/State	_____		

If sending us a copy of your scanned check, please complete this section:

Copy of Scanned check is attached. Date we can draw these funds from your account: _____

SIGNATURE _____ DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the date you listed above. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that CorksribasUSA may at its discretion attempt to resubmit the charge again within 30 days, and I agree to an additional \$25 NSF 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 will not dispute CorksribasUSA's ACH debit with my bank so long as the transaction corresponds to the amount, date and terms indicated in this agreement.



ACH PAYMENT AUTHORIZATION FORM

Please complete and sign this form to authorize CorksribasUSA to convert your Business Checks made out to CorksribasUSA. Please scan and attach the completed form and email it to us at info@CorksribasUSA.com.

This will also enable you, going forward, to now simply send a scanned copy of your check(s) made out to us by email and save on postage and/or FedEx charges and also speed up remittance. Or you can continue to mail your checks to us.

If sending us copies of your checks, please send them to info@CorksribasUSA.com.

Also, please remember that when we “deposit” your scanned or paper checks by ACH for collection, that ACH has a shorter collection/float period than when depositing “paper” checks in our bank and the typical two/three day float that banks impose with paper checks. With ACH the debit against your bank account typically occurs overnight on the business day we submit your paper check or a scanned copy by ACH.

Name _____

Title _____

SIGNATURE _____

DATE _____

Company Name _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the date we receive your paper check or copy thereof—unless other prior arrangements have been made with us to hold your check for deposit on a later date.

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