



NEW HORIZONS SUPPLY COOPERATIVE

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ACH Recurring Payment Authorization Form

I hereby authorize New Horizons Supply Cooperative to initiate entries to my checking/savings account for payment of balances.

Name: _____ New Horizons Account #: _____

Billing Address: _____ Phone#: _____

City, State, Zip: _____ Email: _____

ACH Method (Choose One)

Statement Amount (Balance owed at the end of the previous month to be ACH'd on the 27th of each current month.)

Invoices by Terms (An ACH transaction will be made as invoices are charged, normally on a weekly basis.)

Budget Amount Due (If you are on an Even Payment Plan, the monthly payments due will be ACH'd on the 10th or 27th of each month.) Please check the box next to the date you would like your payment withdrawn from your account (mark only one):

10th of the month 27th of the month

One Time Payment (This choice gets your file set up but you must call to make arrangements each time you wish to make a payment via ACH.)

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



****Please include a voided check or deposit slip with your completed ACH authorization form.****

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify New Horizons Supply Cooperative in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 New Horizons Supply Cooperative may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$40.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by New Horizons Supply Cooperative that credit or debit the customer's bank account listed above, and acknowledge that the origination of ACH transactions to the listed account must comply with 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.