

ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account.
Just complete, sign, date and submit this form to get started.

Recurring Payments Explained:

Member authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You must provide notification at least 15 days prior to your due date of any changes to your ACH account information.

Please complete the information below:

I, _____ authorize Home Equity Protection Services (HEPS) affiliate Creative Home Care Concepts
(print full name)

to charge my bank account as indicated below in the amount of \$ _____ on the _____ of each month for
payment of my _____ home equity protection plan.
(plan selected)

Billing Address _____

Phone: _____

City, State, Zip _____

Email: _____

CHECKING / SAVINGS ACCOUNT

☐ Checking ☐ Savings

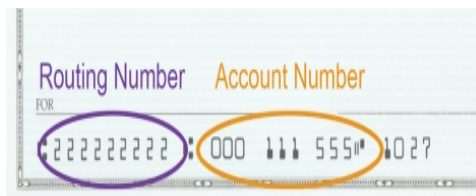
Name on Acct: _____

Bank Name: _____

Account Number: _____

Bank Routing #: _____

Bank City/State: _____



Terms and Conditions: I understand that this authorization will remain in effect until canceled in writing, and Member agrees to notify HEPS in writing of any changes in account information or termination of this authorization at least 21 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, Member understand that payments may be executed on the next business day. For ACH debits to Member checking/savings account, Member understands that these are electronic transactions for which funds may be withdrawn from Member account as soon as the above noted periodic transaction dates. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due

date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Print Name: _____

Date: _____