

ACH Payment Authorization Form

This form authorizes RevolutionParts to debit your bank account for amounts governed by the Order form and RevolutionParts Terms of Service. A detailed receipt for each payment will be emailed to you.

Charges will appear on your bank statement as "REVOLUTIONPARTS". If you need to add authorization to your bank account, our ACH ID is **1000169540**.

Please complete this form, then e-mail to **ar@revolutionparts.com** or fax to **866-593-9896**.

I, _____, authorize RevolutionParts, Inc to debit the bank account for agreed upon charges in relation to RevolutionParts services.

Business Name _____


Billing Address _____

Phone _____

City, State, Zip _____

Email _____

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



The diagram shows a routing number '22222222' circled in purple and an account number '000 111 555** 102?' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel services with RevolutionParts, Inc or notify RevolutionParts, Inc of a change in payment method in writing, and I agree to notify RevolutionParts, Inc 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Nonsufficient Funds (NSF) I understand that RevolutionParts, 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 recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.