



One (1) Time ACH Bank Debit Payment Authorization

+1 (720) 927-3200
+1 (720) 927-3199 Fax
+1 (855) 746-4500 Toll Free

Secure Email Address:
Payments@Pursue.ly

Please fully complete and sign this form to authorize Pursuely to make a one-time charge to your checking or savings account listed below.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

I, _____ authorize Pursuely to electronically debit my bank
Account Owner's Full Name

account for \$ _____.
Amount

Statement Mailing Address:

Billing Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Bank Details: *Only U.S. based Checking and Savings accounts are accepted.*

Checking **Bank Name:** _____ **ABA Routing #:** _____

Savings **Bank Account Number:** _____

I authorize Pursuely to debit the account indicated above. This payment authorization is valid and to remain in effect unless I, notify Pursuely of its cancellation by sending written notice. This payment authorization is for the products and/or services being purchased by me, for the amount indicated above. I certify that I am the account owner or signer and I will not dispute the payment with my bank; so long as the transaction corresponds to the terms indicated in this form and I hereby waive any dispute rights with my bank relating to this transaction. I understand by submitting a ACH payment that my order will be held for six (6) business days while this payment processes. I further understand and agree there is no refunds once my order has been fulfilled.

SIGNATURE: _____
Account owner

DATE: _____