

ROBERT JAMES

C O L L E C T I O N

Recurring ACH Payment Authorization

You authorize **Robert James Collection** and/or **Artifacts International** to schedule charges to your checking/saving account. You will be charged 50% of the total value of your order at time of deposit and the remaining balance due at time of completion. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You will be notified in advance of any charges being debited from your account.

I _____ authorize **Robert James Collection** and/or **Artifacts International** to charge my bank account indicated below for 50% of the total value of my order and the remaining balance due at time of completion.

This payment is for _____.
(Description of Goods/Services)

BILLING INFORMATION

BILLING ADDRESS: _____ PHONE #: _____

CITY, STATE, ZIP: _____ EMAIL: _____

BANK DETAILS

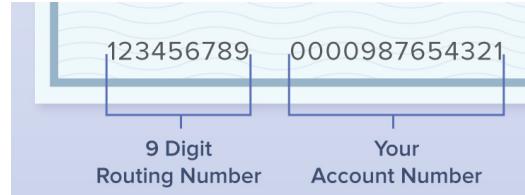
CHECKING SAVINGS

ACCOUNT NAME: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Robert James Collection** and/or **Artifacts International** 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Non-Sufficient Funds (NSF) I understand that **Robert James Collection** and/or **Artifacts International** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 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.

SIGNATURE: _____ DATE: _____
(Account Holder's Signature)