

# ROBERT JAMES C O L L E C T I O N

## One (1) Time ACH Payment Authorization

Sign and complete this form to authorize **Robert James Collection** and/or **Artifacts International** to make a one (1) time debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize **Robert James Collection** and/or **Artifacts International** to charge my bank account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.

This payment is for \_\_\_\_\_  
(Description of Goods/Services)

### BILLING INFORMATION

BILLING ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BANK DETAILS

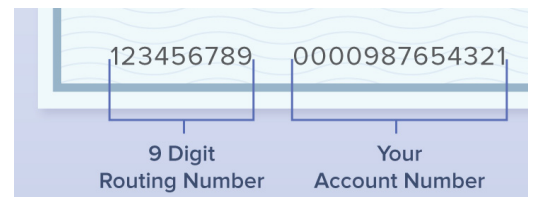
CHECKING  SAVINGS

ACCOUNT NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment 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 I agree to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute **Robert James Collection** and/or **Artifacts International** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Account Holder's Signature)