



IT360, Inc.
 4501 N Sterling Ave.
 Peoria, IL 61615
 Ph: 309.680.2100
 www.IT360.biz

ACH Transaction Authorization Form

I, _____, authorize IT360, Inc. to charge my bank account indicated below on the ____ day of each month for payment towards products and/or services provided to my business/organization.

Company _____

Billing Address _____ Phone# _____

City, State Zip _____ Email _____

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

***Please include a voided check with this form to initiate ACH Transactions.**

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify IT360, 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 IT360, Inc. may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25 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 and I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Fax this signed agreement to **866-653-8011**
 Or mail to: **IT360, Inc. 4501 N Sterling Ave, Suite 105, Peoria, IL 61615**