

Bank Transfer/ACH Authorization Form

I authorize **Waldron Digital LLC** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing: Starting on your next monthly billing cycle we will debit the amount owed on the _____ day of the month. We will debit subsequent invoices in the same manner unless notified.

Customer bank account information:

Routing Number

Account Number

Account Type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify

Waldron Digital LLC of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Signature

Date