



The Athens Village, 94 Columbus Rd., building B
Athens OH 45701-1312 / 740-447-0500

ACH Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize The Athens Village (Company ID _____)
(full name)


to charge my bank account indicated below on the _____ of each month for payment of my membership fee.
(day or date)

- Single household \$35/month
- Multiple household \$60/month

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

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



Please attach a VOIDED check to confirm the banking details recorded above.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Athens Village 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 The Athens Village may at its discretion attempt to process the charge again within 30 days, and 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.

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.