



ICBankPAC (State) ACH Payment Authorization

Monthly Recurring Charge – You authorize regularly scheduled charges to your bank account. You will be charged the amount indicated below each month. The charge will appear on your bank account statement.

I, _____ authorize ICBankPAC to charge my bank account indicated below for \$ _____ beginning on _____ (date).

One (1) Time Charge – You authorize ICBankPAC to make a one-time charge to your bank account listed below.

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.

I, _____ authorize ICBankPAC to charge my bank account indicated below for \$ _____ beginning on _____ (date).

Bank (ACH) Information

Checking Account Savings Account (Please include voided check blank or savings deposit slip)

Name on Account _____

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 ICBankPAC 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. 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.

All contributions to ICBankPAC are voluntary and any individual has the right to refuse to contribute with reprisal. Contributions must be made by individuals and are not deductible as charitable contributions for income tax purposes.

Name _____

Home Address _____

City _____ State _____ Zip _____

Individual's Signature _____ Date _____