

**AMCA Systems**  
**101 Bradford Road, Suite 340, Wexford, PA, 15090**  
**724-934-2270 x602**

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AMCA Systems offers a convenient system that automatically debits your payment each month from your checking or savings account. This service will:

- ✓ Eliminate writing a monthly check
- ✓ Save postage and the cost of checks
- ✓ Prevent lost or delayed payments by mail
- ✓ Provide a record of your payment on your bank statement

**To take advantage of this free service, simply complete the Automatic Payment (ACH) Authorization below and return it with an unsigned voided check to:** ACH Authorization c/o AMCA Systems, 101 Bradford Road, Suite 340, Wexford, PA 15090.

**Here's How ACH Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount due for each billing period. The charge will appear on your bank statement as an ACH charge. You will no longer receive a monthly invoice. You agree that **no prior-notification will be provided unless the amount of your payment increases by more than \$25.00**, in which case you will receive notice from us at least 10 days prior to the payment being collected. **ACH Debits will be initiated the last business day of each month.**

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**ACH Recurring Payment Authorization**

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**Please complete the information below:**

I \_\_\_\_\_ authorize AMCA Systems, LLC to charge my bank account for my  
(full name)  
reoccurring insurance payment. If my required payment amount changes for any reason, this  
authorization will be automatically amended to authorize a charge equal to the new required payment  
amount.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  Savings  
Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AMCA Systems 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 prior 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 AMCA Systems may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$12.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree to be bound by the NACHA Operating Rules as a Receiver of these authorized debits to the account listed above. 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.

AMCA Use Only Logged \_\_\_\_\_ Group# \_\_\_\_\_ Member # \_\_\_\_\_ Date of 1<sup>st</sup> Deduction \_\_\_\_\_