



270 Conley Bottom Rd.
Monticello, KY 42633
606-348-6351

One-Time ACH Payment Authorization Form

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, and does not provide authorization for any additional unrelated debits or credits to your account.

I (we) authorize Conley Bottom Resort to electronically debit my (our) account as follows:

Account Type: Checking Account Savings Account

Bank Name: _____

Routing Number: _____

Account Number: _____

Amount of Debit: _____

Date of Debit: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Conley Bottom Resort in writing that I (we) wish to revoke this authorization. I (we) understand that Conley Bottom Resort requires at least 2 weeks' notice prior to the proposed effective date of the debit in order to cancel this authorization.

If the payment is rejected for Non-Sufficient Funds (NSF), I understand that Conley Bottom Resort may 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 payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Conley Bottom Resort's debit with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Name(s): _____

Signature(s): _____

Address: _____ Customer e-mail: _____

Contact Phone number: _____ Date: _____

Please attach a voided check for the account referenced above if available.