



Recurring eCheck Transactions

I authorize **AirGrids** to initiate an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

Billing Terms

Starting on _____ and on the 1st of each month following for the amount of _____.

Bank Information

Bank ABA Number (Customer's Routing Number) _____

Bank Account Number (Customer's Account Number) _____

Bank Account Type (Checking/Savings/Business Checking) _____

This payment is to remain in full force and effect until I, _____ (Customer's Name), notify **AirGrids** of its cancellation by sending written notice in such time and such manner to allow both **AirGrids** and the receiving financial institution a reasonable opportunity to act on it.

(Customer Signature)

(Customer Printed Name)

(Date Signed)