



# ACH Debit Authorization Agreement for Recurring Payments to Xtend, Inc.

Debit to Your Financial Institution / Credit to Xtend, Inc.

Revised: May 8, 2024

This form is used to authorize Xtend to debit your account for payment of invoices from Xtend, Inc. Submit the completed form to Xtend Accounting as instructed below.

This is a (choose one)  New authorization agreement  Change to an existing authorization agreement

## DEBIT INSTRUCTIONS

Credit union name  Routing #

Account # to debit  Type of account (choose one)  Checking  Savings

➔ ACH EFFECTIVE DATE / FREQUENCY OF DEBIT WILL BE MONTHLY ON THE 25TH

## AUTHORIZATION

You hereby authorize and request Xtend to debit funds from your account at the Financial Institution indicated. Funds need to be on deposit at the designated Financial Institution by 12 noon ET the day prior to the effective date of the ACH debit. In the event of an error, you authorize Xtend to take any and all action required to correct the error, including but not limited to, crediting or debiting your account with the Financial Institution.

To avoid delay, all authorizations need to be received at Xtend, Inc. 10 business days prior to date of debit, and must be accompanied by a pre-printed document from the financial institution being debited listing all authorized signers. The following will be accepted: verification letter from your Financial Institution, voided check, deposit slip, or top portion of a statement.

This authorization will remain in full force and effect, and will continue to occur on the date(s) indicated, until Xtend, Inc. receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it. You understand that if a preauthorized ACH debit is returned three times within a twelve-month period, Xtend will cancel the ACH Debit Authorization Agreement for Direct Payments.

You agree to indemnify and hold Xtend harmless from all costs, including attorney's fees, (to the extent permitted by law), damage or claims related to action in refusing payment of the item, including claims by any authorized signer, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.

By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

**TO CANCEL THIS AUTHORIZATION YOU MUST NOTIFY XTEND IN WRITING.**

Name of person authorizing debits   
*Must be an authorized signer on the account from which funds are being debited.*

Email address

Daytime phone #

Signature  Date

## Instructions

The completed form can be emailed to Xtend Accounting at [accounting@xtendcu.com](mailto:accounting@xtendcu.com).

## FOR ACCOUNTING TEAM USE ONLY

Date received  Date processed  Processed by

Notes

## FOR ADMINISTRATION USE ONLY

To be retained by the Accounting team according to the Records Retention Schedule.