



ACH Debit Authorization Agreement for Recurring Payments to eDOC Innovations Inc.

Debit to Your Financial Institution / Credit to eDOC Innovations, Inc.

Revised: May 8, 2024

This form is used to authorize eDOC Innovations to debit your account for payment of invoices from eDOC Innovations, Inc. Submit the completed form to the eDOC Accounting team 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 eDOC Innovations 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 eDOC Innovations 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 eDOC Innovations, 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 eDOC Innovations, 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, eDOC Innovations will cancel the ACH Debit Authorization Agreement for Direct Payments.

You agree to indemnify and hold eDOC Innovations, Inc. 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 EDOC INNOVATIONS 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

Existing clients can email signed forms to the eDOC Accounting team at eDOCaccounting@edoclogic.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.