



Recurring Payment Authorization Form for Monthly Payments

Consumer Authorization for Direct Payment VIA ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I hereby authorize Idaho Life, LLC (“Company”) to electronically debit my account (and, if necessary, to electronically credit my (our) account to correct erroneous debits*) as follows:

 Checking Account/ Savings Account (select one) at the depository financial institution named below. I agree that ACH transaction I authorize comply with all applicable law.

Financial Institution Name _____

Routing Number _____ Account Number _____

Your Phone Number: _____ Your Email: _____

Name(s) on the Account _____

Amount of debit(s) \$70

Date(s) and/or frequency of credit(s) 1x/mo

I (we) understand that this authorization will remain in full force and effect until I notify Idaho Life, LLC in writing at aaron@idaholife.com or by phone at (208) 921-2195, that I wish to revoke the authorization. I understand that Idaho Life, LLC requires at least 10 days prior notice in order to cancel this authorization**.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

**The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.*

***I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Idaho Life, LLC or affiliates in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Idaho Life, LLC or affiliates may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*