



Recurring ACH Debit Authorization Form

Please complete this fillable digital form to have your payments automatically debited from your account listed below. Submit the completed form with your application at: <https://fsaap.com/application>; once submitted the information is stored strictly offline or via our banking terminal.

If you need to print this form, please fax to (914)-227-9955.

Name: _____

Address: _____

Phone: _____

Account Holder Name: _____

**Account Holder Name is of individual authorized to sign on behalf of this account*

Bank Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Account Holder Email Address: _____



PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION & CONFIRMATION PURPOSES

It is agreed that you hereby authorize FSAAP to initiate an automatic debit to the financial account indicated (and authorize said financial institution to honor such debit) for any and all installments due to FSAAP. These debits will be initiated and extracted by FSAAP's financial institute, BanCorpSouth. It is further agreed that any additional fees, including but not limited to, late fees, fees for non-sufficient funds and cancellation fees, will also be charged and debited from the indicated account should they accrue. The debited installment amount is subject to change based on the debt due from the account holder to FSAAP for any goods or services rendered.

You further understand, agree and affirm that: (1) the information you have provided above is correct and accurate; (2) you are authorized to enter into this agreement and are the signer on the above account; (3) funds will be available to cover the amount of the existing obligation on the payment due date or the business day prior to the due date should the due date fall on a weekend or holiday; (4) this authorization will remain in full force and effect until either (a) the account holder requests termination of this agreement by providing appropriate FSAAP managing members written notice of the desire to terminate automatic ACH debit fifteen (15) days prior to the desired termination date at the address or company registered email and/or (b) you receive written notification from FSAAP of termination resulting from the rejection of an ACH debit due to NSF or a closed account. FSAAP reserves the right to remove this ACH

Debit Authorization at its sole discretion should an ACH debit be returned as unpaid for any reason. FSAAP reserves its right to reestablish future ACH debits based on this authorization unless this authorization has been terminated as outlined above; (5) you may authorize changes to the account to be debited in writing and/or authorize the extension of this document to additional FSAAP accounts or to authorize its use to ACH debit for the Down Payment on the indicated account or any subsequent authorized quote or account (an email request is deemed an acceptable notification in writing), and FSAAP is authorized to act on such request, without the necessity of an additional ACH Debit Authorization form. By signing this contract, the account holder agrees that the sole and exclusive jurisdiction and venue for purposes of any and all causes of action concerning this agreement shall be in the Circuit Court of Sebastian County,

Arkansas, Fort Smith District and Account Holder expressly consents to jurisdiction in such court. By signing this document, the account holder further agrees to those terms and conditions of FSAAP set forth at www.fsaap.com/terms-and-conditions, and said terms and conditions are incorporated herein by reference.

Authorized and agreed to by:

BY: _____

Authorized Signatory of Account Holder

Printed Name & Title

Date

5730 N. 6th Street, Fort Smith AR 72904
P: 1-888-652-6660 F: (914)-227-9955