CONFIDENCE ANALYTICS®

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AUTOPAYMENT

ACH Payment Authorization Form

Please complete all fields. This authorization will remain in effect until canceled.

ACH Routing Number: _____

Account Number: _____

Bank or Credit Union Name: _____

Email associated with account: _____

Name on account: _____

Choose one: ◯ Business Checking ◯ Business Savings ◯ Personal Checking ◯ Personal Savings

By enrolling in this autopayment agreement you are authorizing Confidence Analytics, Inc. to initiate debit entries to the above-referenced account, at the financial institution you have indicated, using the Automated Clearing House ("ACH"). Furthermore, you are also authorizing Confidence Analytics, Inc. to automatically debit the above-referenced account for all payments due and owing upon the issuance of a Confidence Analytics, Inc. invoice. Confidence Analytics, Inc. shall not seek prior approval before initiating an ACH transaction. Notification will be provided in the form of an emailed invoice.

Confidence Analytics, Inc. shall not be liable for any damages or costs associated with an ACH, including but not limited to lack of funds, additional or assessed fees, or non-sufficient funds fees.

You have the right to cancel this autopayment agreement at any time. You understand that this authorization will remain in full force and effect until Confidence Analytics, Inc. has received written notification from you of its termination, allowing Confidence Analytics, Inc. and your designated financial institution, a reasonable opportunity to act on such cancellation.

You acknowledge, understand, and agree to the foregoing terms and you confirm that you have legal authority to authorize these payments and terms for:

Customer: _____

By: _____ Title: _____

Name: _____ Date: _____