

North Carolina Biotechnology Center

ACH One Time HCC Payment Authorization Form

This form authorizes a withdrawal from client's checking account for the specified amount listed on the HCC confirmation. Once the transmission has been confirmed, you will receive an invoice marked "Paid".

Please complete the information below:

Company Name on Account:

Phone Number of Authorized Signer:

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Billing Street Address:

City, State, Zip Code:

Email of Authorized Signer:

Confirmation Number:

Bank Name: _____

Bank City, State: _____

Bank Account #: _____

Bank Routing #: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____

I certify that I am an authorized representative of the client indicated above and that I have the authority to authorize these payments on the client's behalf. Client understands the authorization will remain in effect until it is canceled in writing or 10 days following the meeting date. In case the transaction is returned for Non Sufficient Funds (NSF), Client understands that NCBiotechnology Center may at their discretion to attempt to withdraw the charge again and agrees to an additional \$35.00 charge for each attempted returned NSF, which will be initiated as a separate transaction from the authorized payment. Client has certified the above business bank account is enabled for ACH transactions and agrees to reimburse NCBiotechnology Center for all penalties and fees incurred as a result of client's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA operating rules as they pertain to these transactions. Client acknowledges that the origination of ACH transactions to its account must comply with the provisions of the U.S. law. Client agrees not to dispute these scheduled transactions with its bank provided transactions correspond to the terms indicated on this authorization form.