

Bank Transfer Authorization Form

This form authorizes OUR BRIGHT IDEAS, LLC to deduct monthly payments from your checking or savings account for agreed upon services.

| authorize OUR BRIGHT IDEAS, L (full name) | LC to charge r | my bank account indicated below on theo (day or date) |
|-------------------------------------------------------------|-----------------------|----------------------------------------------------------|
| each month for payment of monthly services in the amount of | | <u>_</u> . |
| Billing Address | Phone# _ | |
| City, State, Zip | Email _ | |
| Account Type: Checking Savings Name on Acct | | |
| Bank Name Account Number | | Routing Number Account Number |
| Bank Routing # | | 111111111111111111111111111111111111111 |
| Bank City/State | | |

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify OUR BRIGHT IDEAS, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 OUR BRIGHT IDEAS, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 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. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.