



ACH DEBIT/CREDIT AUTHORIZATION FORM

I/We, (Please print First and Last Name(s)) _____

Address (City/State/Zip): _____

Phone # _____, Email address _____

hereby authorize Ze Studios to initiate debit/credit entries and all necessary adjustments to my/our Checking or Savings Account below listed. I/We warrant and acknowledge that Ze Studios may issue check(s) on my/our behalf for the purpose herein. I/We also warrant and acknowledge that my/our signature below affixed may be electronically captured, affixed and used for the same purpose.

Payment Amount: \$ _____

Transaction Fee: \$ _____

Total Payment: \$ _____

(Payment Amount + Transaction Fee)

Checking Account (Attach Void Check)

Savings Account (Do Not Use Deposit Slip)

Banking Information:

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Contact Person (Your Banker's Name): _____ Phone: _____

Routing Number: _____ Account Number: _____

I/We authorize my/our Bank to debit my/our Bank Account as above identified to the terms stated here. This authorization shall remain in effect until Ze Studios, Service Provider and Bank receive written notification of intent from me/us to terminate at such time in such manner as to afford Ze Studios, Service Provider and Bank reasonable opportunity to act (Minimum 30 days). I understand that this Payment Authorization may be cancelled by Ze Studios due to Non-sufficient Funds. I/We will then be liable to pay a Non-sufficient Funds fee of \$40, which may be automatically debited for each Non-sufficient Funds. I/We represent and warrant that I/We am/are authorized to execute this Payment Authorization for the purpose of implementing the Payment Authorization hereon. I/We indemnify and hold Ze Studios, his officers, employees, interns and volunteers, Service Provider and Bank harmless from damage, loss or claim resulting from all authorized actions hereunder. I/We acknowledge that origination of ACH transactions – check issuance - to the authorized account must comply with the provisions of the State of California and United States Law.

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

Please attach a void check (starter check not accepted) and email back entire documents for process to billing@zestudiostravelservices.com. Please allow up to 72 hours for process. We Thank You for Your Business.