



Direct Withdrawal (ACH Debit) Recurring Billing Authorization Form

Please complete this form and mail it to: **Stamps.com**
Direct Withdrawal Activation
1990 E Grand Ave
El Segundo CA 90245-5013

To expedite your request, please FAX your completed ACH form **and** a copy of a voided check to 310-426-9440.

We have provided an illustration of where you might find some of the required information. However, please confirm all information provided with your bank **prior** to completing this form.

**Please
attach a voided
check here**

YOUR NAME
123 STREET NAME
CITY, STATE 12345-6789

56-789
1234

1001

DATE: _____

PAY TO THE ORDER OF: _____ \$ _____ DOLLARS

YOUR FINANCIAL INSTITUTION
123 MAIN STREET
CITY, STATE 12345-6789

NOTE: _____

1 2 3 4 5 6 7 8 9 0 0 0 0 1 2 3 4 5 6 7 8 9 0 1

Routing No. **Account No.**

Customer Name on Bank Account	Your Telephone Number	Type of Bank Account <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL
Bank Routing Number	Name of Financial Institution	
Bank Account Number	Financial Institution Phone Number	
Meter Limit Increase <input type="checkbox"/> YES <input type="checkbox"/> NO	Preferred Meter Limit \$ _____	Include Online Store Purchases? <input type="checkbox"/> YES <input type="checkbox"/> NO

Authorization

By completing this form, you authorize Stamps.com Inc. to debit your bank account for services provided, including but not limited to postage purchases, service fees and any additional fees entitled to Stamps.com Inc. in accordance with the terms and conditions of the Stamps.com Inc. Service Agreement. You understand that there is a periodic charge that will be made according to your billing cycle and that to terminate this recurring debit process you must either cancel your account or arrange for an alternative method of payment. You also agree to allow Stamps.com Inc. to confirm the accuracy of the information you entered on this form with your bank.

You understand that your authorization allows Stamps.com Inc. to make deductions from your designated checking account. You confirm that you are responsible for paying any fees you are charged by your financial institution related to these deductions, including, but not limited to, fees for items such as insufficient funds. In the event that there is a problem collecting funds from your bank account, you hereby authorize Stamps.com Inc. to charge an additional processing fee, at its sole discretion, related to such uncollected funds of not more than \$25 to cover the costs incurred by Stamps.com Inc. for the failed transaction.

You acknowledge that you are the owner or authorized signer on the account information entered on this form.

Signature of Authorized Bank Account Holder

Stamps.com Account Number

Date

Print Name of Authorized Bank Account Holder

Stamps.com User Name