



ACH RECURRING PAYMENT AUTHORIZATION FORM

I authorize Bourbon Blinds, LLC to initiate an electronic debit (ACH) from my bank account listed below for payment of the full balance due on my order. This authorization applies to purchases made by phone, email, or text.

Customer Information

Full Name: _____
Phone Number: _____
Email Address: _____
Billing Address: _____
City: _____ State: _____ ZIP: _____

Bank Account Information

Account Type: Checking Savings
Account Holder Name: _____
Bank Name: _____
Routing Number (9 digits): _____
Account Number: _____

Payment Terms Acknowledgment

I understand that payment in full is required for the items purchased, and I authorize Bourbon Blinds, LLC to debit the total balance due from my account. This includes applicable taxes and shipping fees, if any. I understand the payment may be processed immediately or on a scheduled date communicated by Bourbon Blinds, LLC.

Authorization & Signature

By signing below, I certify that I am an authorized signer on the above account and authorize Bourbon Blinds, LLC and its financial institution to initiate the debit described above. This authorization will remain in effect until the payment has been completed or I revoke it in writing with at least 5 business days' notice.

Returned or failed payments may incur a fee of up to \$25.00 and may delay fulfillment of orders.

Customer Signature: _____
Date: _____

Internal Use (Bourbon Blinds, LLC Only)

Customer ID / Order #: _____
Authorized By: _____