



Payment Authorization Form BANK ACCOUNT

I authorize Genius Programs LLC to charge my bank account listed below on the 15th day of each month for payment for use of My Food Program Software.

Bank Account Information

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify My Food Program in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 My Food Program may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____