



ACH Form for Recurring Automatic Payments

Use this form to enroll in AutoShip – the easiest way to make your monthly purchases. With AutoPay, there are no checks to write or calls to make. Your payments will automatically be transferred from your checking account to RGBC every month by ACH transfer.

To enroll in AutoShip, complete the form below and return by mail or scan (or take picture of form) and email to:

EMAIL: Orders@RhodiGandha.com | ADDRESS: RhodiGandha, P.O. Box 956293, Duluth, GA 30095

Have a question? Call (321) 442-4929. Office hours: Monday-Sunday 9 A.M.-9 P.M., (Eastern Time)

Bank Routing # _____ Account # _____ Bank Name: _____

Choose AutoShip Date: 1st 5th 10th 15th 20th 25th

Choose AutoShip Purchase One Case 146.90 Two Cases \$293.80

ATTACH COPY OF VOIDED CHECK HERE

By signing below, you authorize RGBC (“Company”) to initiate recurring electronic automated clearing house (ACH) debit entries (or paper drafts) from your Checking Account indicated above, at the Bank named above, in order to make monthly payments for your AutoShip purchase each and every month and, if necessary, to initiate transactions to correct any erroneous payment debit. Your AutoShip payments will begin on the Start Date listed above and will occur on the same date each month thereafter until your RGBC relationship is terminated or changed. If any payment date falls on a weekend or holiday, the payment will be executed on the next business day.

If your Bank is unable to process any electronic ACH debit entry, you authorize Company to resubmit the ACH debit entry within the next 3 to 5 business days, and/or to submit a paper draft to your Bank for processing and payment. If your payment (whether in the form of an electronic ACH debit or a paper draft) is dishonored or returned unpaid by your Bank, you agree that Company may charge a return item fee and/or a late charge (if and to the extent applicable) to your RGBC account, to the extent allowed by law. You also acknowledge that your Bank may also impose its own additional fees according to your Deposit Account Agreement with such Bank. You acknowledge that the origination of ACH debit entries to your Checking Account must comply with and will be governed by the provisions of applicable laws and rules of the National Automated Clearing House applicable to the transaction.

This authorization will remain in full force and effect until Company has received written notification from you (or either one of you) of termination at the address above or you have provided verbal notification by calling us at (321) 442-4929. You agree to notify Company in writing of any changes in your Checking Account information or termination of this authorization at least 15 days prior to the next billing date to afford a reasonable opportunity for Company and Bank time to act. Company may, at any time, terminate your right to make recurring electronic clearing house (ACH) debit entries.

Today’s Date:

Today’s Date:

Authorized Name(s) on Your Account:

Authorized Name(s) on Your Account:

Signature(s):

Signature(s):