



Registered Office:  
548 Market St. #31647  
San Francisco, CA 94104-5401

**ACH AUTHORIZATION FORM**

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Company/Organization \_\_\_\_\_

EverCharge Site ID: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Bank Account Information**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ACH Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

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**Authorization**

By signing below, I authorize EverCharge, Inc. to initiate credit entries to the bank account indicated above for the following purpose(s):

- Monthly Electricity Reimbursement
- Monthly public charging disbursements

I understand that this authorization will remain in full force and effect until I notify EverCharge, Inc. in writing @ [payments@evercharge.com](mailto:payments@evercharge.com) that I wish to revoke it. I understand that EverCharge, Inc. requires at least 15 days notice in order to cancel this authorization.

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Authorized Signer Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*Email completed from to [payments@evercharge.com](mailto:payments@evercharge.com)**