EverCharge

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

ACH AUTHORIZATION FORM

Company/Organization _____

EverCharge Site ID: _____

Customer Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ **Email:** _____

Bank Account Information

Name on Account: _____

Bank Name: _____

Bank Address: _____

ACH Routing Number (9 digits): _____

Account Number: _____

Account Type: _____

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 that I wish to revoke it. I understand that EverCharge, Inc. requires at least 15 days notice in order to cancel this authorization.

Authorized Signer Name (Print): _____

Signature: _____ **Date:** _____

****Email completed form and a voided check to payments@evercharge.com**