Air New England

ACH Authorization

RESERVATION NAME _____

RESERVATION DATE _____

ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS

BANK ROUTING NUMBER _____

NAME ON ACCOUNT _____

NAME OF BANK _____

BANK ACCOUNT NUMBER _____

BANK CITY & STATE _____ (CITY) _____ (STATE)

I, the account holder or authorized representative, hereby authorize Air New England, LLC to electronically debit my account (and, if necessary, credit my account to correct erroneous debits) in the full amount to operate the above referenced charter flight(s). I understand that this authorization will remain in full forced and effect until I notify Air New England, LLC in writing that I wish to revoke this authorization. If the payment is rejected due to Non Sufficient Funds (NSF), I understand that Air New England may attempt to process the transaction again within 30 days, and I agree to an additional $50.00 charge for each attempt that is returned due to NSF, which may be initiated as a separate transaction from the authorized payment.

NAME OF AUTHORIZED SIGNER _____ SIGNATURE _____ DATE _____

Mail a Check

Please make all checks payable to Air New England, LLC and mail them to our billing address:

Air New England, LLC
62 Durham Street
Portsmouth, NH 03801

Wire Transfer

Please call our office or email us at info@airnewengland.com to request Wire Transfer instructions