

Authorized Payment Form

Authorized Payment

You must attach a voided check or a direct deposit authorization form from your financial institution.

Customer's Name _____

Name of Financial Institution	9 Digit Routing #	Account #	Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorizes _____ to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Customer's Signature _____

Date _____

Approved