EFT - COLLECTING PAYMENTS AUTHORIZATION FORM

Authorization Agreement For Preauthorized Payment (Automated Bank Debit)

I authorize <u>(enter company name)</u> hereinafter called COMPANY, to initiate debit entries from our checking account from the financial institution listed below.

If any of the below information changes, I will promptly complete a new authorization agreement.

Company Name:							
Address:							
City:		State		Zip C	ode:		
Business Phone:		Fax:					
Representative:							
Account Information – Funds will only be debited from	n a 🗌 <u>Business (</u>						
Financial Institution Name:							
City:				Zip:			
I authorize (enter company name) to withdrawal:							
Reoccurring Flat Amount of	\$	Or					
Monthly [Weekly	Other					
ABA Bank Routing Number (must be 9 numbers	5)	Account Numb	er (not to ex	kceed 15 i	numbers)		
	• •						=
(Enter the above information from the bottom of your check	, do not include the o	check number)					
In order to sign up you must attach a voided copy of your check.	eposit slips are not a	<u>ccepted</u> . For security reas	ons we recom	mend that th	ne check is Voideo	1.	
- Staple the company voided check here							
							1

Staple Void Check Here

This authority is to remain in full force and effect until the "Company" has received <u>written</u> notification from me within 30 days of its termination in such time and in such manner as to afford the "Company" a reasonable opportunity to act on it.

X			
Signature of Authorized Officer			Date
Print First, Middle Initial and Last Name			Title
(company name)	 (address & suite #) 	■ (city, state, zip)	 (phone number)

The Company will retain this document on file.