



Bank Transfer Authorization Form

I authorize _____ to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Business name

Terms of billing:

_____ One time on _____ for the amount of \$ _____.

mm/dd/yy

_____ Starting on _____ and on the _____ of each month through _____ for the amount of \$ _____.

mm/dd/yy

day of the month

mm/dd/yy

_____ Starting on _____ for the amount of \$ _____ and accordingly thereafter per the terms in invoice(s) _____.

mm/dd/yy

Customer bank account information:

_____ Routing Number _____ Account Number

Routing Number

Account Number

Account type: _____ Checking _____ Savings _____ Consumer _____ Business

This payment authorization is to remain in effect until I, _____, notify

Customer name

_____ of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Business name

_____ Customer Signature _____ Customer Printed Name _____ Date

Customer Signature

Customer Printed Name

Date