

Bank Transfer Authorization Form

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

Terms of Billing:

- One time on _____ for the amount of \$_____
mm/dd/yy
- Starting on _____ and on the _____ of each month
mm/dd/yy day of the month
through _____ for the amount of \$_____.
mm/dd/yy
- Starting on _____ for the amount of \$_____ and accordingly
mm/dd/yy
thereafter per the terms in invoice(s) _____.

Customer Bank Account Information:

Account Name: _____ Bank Name: _____
Account Number: _____ Routing Number: _____
Account Type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I,
_____, notify _____ of its cancellation by
Customer Name Business Name
giving written notice in enough time for the business and receiving
financial institution to have a reasonable opportunity to act on it.

Customer Signature

Customer Printed Name

Date