Recurring Debit Authorization Form

Customer's Information Section

Company Name_____

Name As it Appears on Bank Account_____

Authorized Signer's Name On Bank Account_____

Address On Bank Account_____

City_____ **State**_____ **Zip Code**_____

Daytime Telephone_____-_____-_____   **Evening Telephone**_____-_____-_____

Banking Information Section

Bank Routing Number_____ **Account Number**_____
Routing # is 9 digits and before the Account #   Account Numbers May Be Up To 17-digits Long

Amount You Authorize In U.S. Dollars $_____ Date You Authorize First Payment_____/_____/_____
Day   Month   Year

Your Printed Name_____ Today's Date_____/_____/_____
Day   Month   Year

I hereby authorize _____**to**

initiate a recurring check debit entry to my checking account for the amount

above every _____ _____ **for** _____ **total payments.**
days / week / month   # of payments

Client Signature. Sign Here and DO NOT TOUCH THE LINES PLEASE.

Optional - PLACE CHECK HERE - Optional
(not required if everything is filled out above)