

Single 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 This Payment** _____ / _____ / _____
Day Month Year

Your Printed Name _____ **Today's Date** _____ / _____ / _____
Day Month Year

I hereby authorize _____ to

initiate a single check debit entry to my checking account for the amount above.

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

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