

# Authorized Payment Form

## Payments

***You must attach a voided check or a direct deposit authorization form from your financial institution.***

Customer's Name \_\_\_\_\_

Name of Financial Institution	9 Digit Routing #	Account #	Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorizes \_\_\_\_\_ to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved
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