

Direct Debit Payment Authorization Form

Company Name _____

I hereby authorize _____ (Company) to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name _____ Please Print	Customer # _____
Customer Signature _____	Date _____

Bank Account Information	
Depository Bank Name _____	() Checking () Savings
City _____ State _____ Zip _____	
Routing/Transit Number _____	Account Number _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.

The diagram shows a check from John & Jane Doe, 123 Your Street, Anywhere, USA 12345. The check is dated _____ and is payable to the order of _____ for \$ _____ DOLLARS. The check number is 2001. The bank is YOUR BANK, 123 Your Bank's Street, Anywhere, USA 12345. The memo is _____. The MICR line at the bottom is: ⑆0 1234 76 78⑆ ⑆ 234 56 789⑆ ⑆ 200 1⑆. Callouts explain: 'Checking Account # (usually follows the Routing & Transit #)' points to the routing number 01234; 'Routing & Transit # (9 digit number between these two symbols)' points to the transit number 7678; 'Check Number (is not needed to complete this form)' points to the check number 2001.

*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.

AUTOMATIC BILLING AUTHORIZATION FORM

Company Name: _____

ID Number: _____

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt. #)

Billing Address for credit card (Street, Apt. #)

City, State Zip

City, State Zip

Credit card number

Expiration Date

Credit card number

Expiration Date

Signature

Today's Date

Signature

Today's Date

- Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.
- This authorization is valid until I provide you with written cancellation.