

Bank Transfer Authorization Form

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

Business name

Terms of billing:

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

Customer bank account information:

_____ Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name

_____ of its cancellation by giving written notice in enough time for the
Business name

business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature Customer printed name Date