



Bank Payment Authorization Form

I hereby authorize **POS Notify** to credit the following Checking/Savings account.

Bank Name _____

Routing Transit Number _____

Account Number _____

Checking Savings

Name of Dealer (Please Print) _____ Phone _____

Name of Authorized Person (Please print) _____ Title _____

_____ Date _____

Signature

_____ @ _____

Email (please print)

PLEASE ATTACH A SAMPLE **CHECK (FOR CHECKING ACCOUNT)**

OR

A DEPOSIT SLIP (FOR SAVINGS ACCOUNT)

HERE



POS Notify

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