

## Bank Transfer Authorization Form

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

### 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