

## PAYMENT AUTHORIZATION FORM

Account Number : \_\_\_\_\_

Routing Number : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Bank City / State : \_\_\_\_\_

Bank Phone Number : \_\_\_\_\_

**Authorized Signature :**

I hereby authorize \_\_\_\_\_ (MERCHANT), or third party in accordance with this agreement, to initiate debit/credit entries to deposit account, as indicated above. This authority is to remain in full force and effect until (a) MERCHANT has received written notification of its termination, in such a manner as to afford MERCHANT reasonable opportunity to act on it, and (b) all obligations to MERCHANT have been paid in full. This authorization extends, but is not limited, to such entries to this account which concern fees, transaction fees, penalties, service fees and return item fees.

Authorized Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

Date : \_\_\_\_\_

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