

# FAX AUTHORIZATION FOR AN ELECTRONIC ACH TRANSACTION

Please be sure you complete all 4 steps

YOUR COMPANY NAME HERE

Merchant ID# \_\_\_\_\_

## Step 1: Customer Information

Customer ID # \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_  
Total Due \$ \_\_\_\_\_  
Payment Date [1<sup>st</sup>] [15<sup>th</sup>] Other \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Address City State Zip

Drivers License / SSN or TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone ( )-- --

Work Phone ( )-- --

## Step 2: Bank Account Information

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Routing Number \_\_\_\_\_  
(Must be 9 Digits)

Account Number \_\_\_\_\_ X

Type of Account  Checking  Savings

**Note:** Attach a voided check from your checking or savings account over the word "VOIDED CHECK" .

## Step 3: Authorization Signature (s)

Signature of Account Holder (s) \_\_\_\_\_ Date / /

## Step 4: Mail / Faxing Authorization Agreement

Mailing Address \_\_\_\_\_ Fax Number \_\_\_\_\_ Authorized Agent Name \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_

I am signing up for an automatic payment plan. I agree [Company Name](#) or its authorized agent may automatically debit my bank account for the amount due on or after the payment date. I can cancel this automatic payment at any time by calling or writing to [Company Name](#) or its authorized agent. I agree that [Company Name](#) or my financial institution can cancel automatic payment for my account for any reason, at any time, with or without prior notice to me. I understand that a return fee of \$25.00 will be charged on all returned items. I acknowledge that the origination of these debits to my account must comply with U.S. laws. I agree that this agreement remains in effect until canceled by [Company Name](#) my financial institution or me. I have a copy of this agreement and I know I can also contact [Company Name](#) or its agent for a copy.

**ATTACH VOIDED CHECK HERE**