

[Your Logo Here]
Street Address
City, State, Zip
Phone Number

AUTHORIZATION AGREEMENT RECURRING/SINGLE PAYMENTS

I (We) do hereby authorize _____ hereafter-named COMPANY, to initiate single or recurring entries to (my/our) account indicated below, hereafter named FINANCIAL INSTITUTION. I further authorize COMPANY to initiate an adjusting or correcting entry as necessary. Finally, should any such debit(s) be returned as Not Sufficient Funds or Uncollected Funds, I(we) authorize the COMPANY to collect such debit(s) electronically and to subsequently collect a Returned Item Fee of \$25.00 (or the maximum allowed by state law, whichever is greater) per item, electronically from the same account identified below.

I am a duly authorized signer on the account identified below, and authorize all of the above as evidenced by my signature below.

PAYMENT TYPE:

ACH/Bank Transfer

Credit Card

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Routing Number	_____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act. Notice of revocation of authorization should be sent to the address listed below:

Printed Name: _____ **Date:** _____

Signature: _____