



**ACH Customer
Authorization Form**

Account #: _____

Account Name: _____

Service Address: _____

Phone Number: _____

Name of Bank: _____

Routing #: _____

Bank Acct. #: _____

***The draft will take place on or about the 10th of each month.**

Authorized Signature on bank acct: _____

Date: _____

*****PLEASE INCLUDE OR ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU
WOULD LIKE THE PAYMENT TO BE DRAFTED FROM.**