PAYMENT AUTHORIZATION (ACH / CREDIT CARD)

Company:		**Company Phone:**	
Date:		**Location:**	

1) CUSTOMER INFORMATION

Account #:		**Customer Name:**	
Email:		**Phone:**	
Billing Address:			
City:		**State:**	**Zip:**

2) PAYMENT METHOD

Select one payment method: ☐ ACH (Bank Account) ☐ Credit Card

ACH DETAILS

Bank Name:	
Account Type:	☐ Checking ☐ Savings ☐ Business Checking
Routing Number:	
Account Number:	
Name on Account:	

CREDIT CARD DETAILS

Card Type:	
Card Number:	
Exp (MM/YY):	
Cardholder Name:	
Customer ID:	

3) PAYMENT TYPE & SCHEDULE

☐ One-Time Payment	**Amount:**		**Run On:**	
☐ Recurring Payment	**Amount:**		**Freq:**	☐ Monthly ( ) ☐ Semi-Monthly (1st & 15th) ☐ Weekly ( )
Start Date:			**End Date:**	
Timezone:			Weekends/Holidays: Move to Next Business Day	

Notes / Reference:

4) AUTHORIZATION AND AGREEMENT

I authorize the Company named above to initiate electronic debit entries to my bank account or charge my credit card as selected, in the amount and on the schedule indicated. I may revoke this authorization by notifying the Company in writing per the Company's cancellation policy. For ACH payments, I certify that I am an authorized signer on the account. A copy of this authorization will be provided upon request.

5) SIGNATURES

Customer Signature:		**Date:**	
Printed Name:			

OFFICE USE ONLY

Received By:		**Entered By:**	
Bank Verification:	☐ Micro-Deposits ☐ Instant Verify ☐ Other		
Max Retries:		**Retry Interval (days):**	