

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

One-Time EFT (Electronic Funds Transfer) Debit Authorization Form

This is permission for a single transaction only. As an authorized signor on the Depository Account presented, by completing and signing this form you give { Insert Business Name } permission to charge/debit your account, one-time, for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until { Insert Business Name } has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor { Insert Business Name } to charge/debit my
(Full name)

account indicated below for \$ _____ on or after _____ . This payment is for
(Amount) (Date)

_____. My Account / Invoice Number is _____
(Description of goods/services/on account)

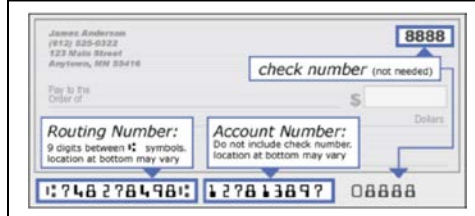
Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Depository Bank _____ Checking

Routing Number _____ Savings

Account Number _____



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by { insert business name } to me in the event there are insufficient funds available at the time the EFT (Electronic Funds Transfer) payment is submitted. I authorize { Insert Business Name } to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____

DATE _____

Fax to: { Insert Business Fax }

Scan & Email to: { Insert Business Email }

I, _____ hereby **Revoke my Authorization for the charge/debit to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.



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