

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

One-Time Same-Day Direct Deposit 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 pay/credit 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 pay/credit 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 <input type="checkbox"/> | <p>The diagram shows a check from James Anderson, 123 Main Street, Anytown, MN 55418. It includes a check number '8888' and a dollar amount. Callouts point to the routing number '1: 748 2784 981:' and the account number '1 278 1389?'. A note says 'check number (not needed)'. Below the callouts are the numbers '08888' and '08888'.</p> |
| Routing Number _____ | Savings <input type="checkbox"/> | |
| Account Number _____ | | |

I authorize { Insert Business Name } to pay/credit the account indicated in this authorization form according to the terms outlined above. This Same-Day Direct Deposit 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 pay/credit 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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Payment Processing



Credit Card Processing

- eCommerce Internet Sales
- Mail Order Telephone Order
- Retail Face-to-Face
- Process Credit Cards at the Point of Sale
- Mobile & Text Payments



ACH Processing

Same-Day ACH deposit of your funds!

- Online Reporting with Images
- Stop Going to the Bank
- Same-Day Funding
- Mobile & Text Payments



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- QuickBooks Pro
- QuickBooks Premier
- QuickBooks POS
- QuickBooks Online

QuickBooks Accounting Software

