

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

## One-Time Direct Payment 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)

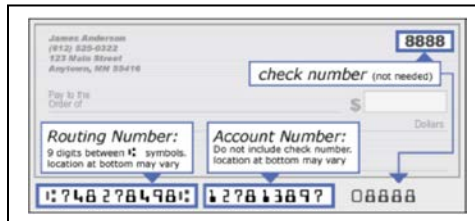
Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

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 Direct 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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We hope you find the payment authorization form useful.  
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Plum Card® from American Express

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Capital One® Spark® Business Cash

[Apply Now](#) [Learn More](#)

## 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



### QuickBooks Invoicing

QuickBooks Enterprise  
QuickBooks Pro  
QuickBooks Premier  
QuickBooks POS  
QuickBooks Online

QuickBooks Accounting Software

