

ACH Authorization Form

Merchant Name: _____ Merchant ID# _____	
<small>(Please Print)</small> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: (_____) _____	Authorization # _____ I authorize the merchant to ACH debit my checking account for the amount of this transaction. In the event my ACH debit is returned unpaid, I agree that a fee as allowable by law will be charged to my account via ACH debit.
Routing # (9 digits) _____	Amount: \$ _____
Account # _____	Driver's License #: _____ Driver's License State: _____
Signature: X _____ Date: _____	