

ACH Payment Authorization

Payment by ACH Check (please attach a copy of a voided check)

Company Name / DBA:

Phone Number:

Email:

Bank Account Information

Name on Account (as it appears on bank account):

Billing Address (as it is used on bank account):

City:

State:

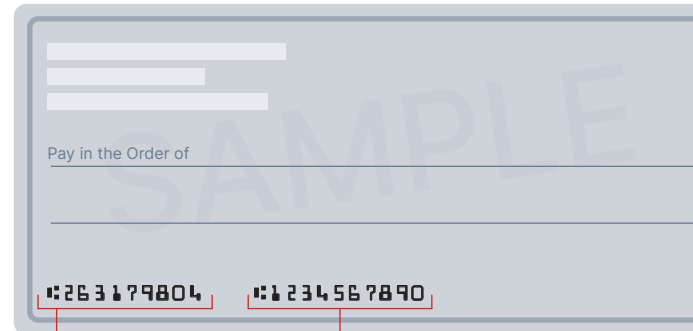
ZIP Code:

Bank Name:

Account Type: Checking Account Savings Account

Bank Routing Number:

Account Number:



Bank Routing Number

Account Number

ACH CHECK AUTHORIZATION

I authorize Credit Technologies, Inc. to settle all charges to this account as defined in the membership agreement using the above billing method. Payment for all outstanding charges will occur at the end of each month. This authorization shall be a continuing and irrevocable promise and indemnity for the amount owed. Any account cancellation or modifications must be made in writing. Failure to ensure sufficient funds for any payment will incur a non-sufficient funds (NSF) charge of \$35 per incident. The undersigned promises to pay Credit Technologies, Inc. on demand for any and all sums that come due.

✕

Authorized Signature

Date