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Bank Transfer Authorization Form

I authorize _____ to electronically debit my bank account according
Business Name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- ☐ One time on _____ for the amount of \$ _____.
mm/dd/yy
- ☐ Starting on _____ and on the _____ of each month through _____
mm/dd/yy Day of the Month mm/dd/yy
for the amount of \$ _____.
- ☐ Starting on _____ for the amount of \$ _____ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) _____.

Customer bank account information:

Routing Number Account Number

Account type: ☐ Checking ☐ Savings ☐ Consumer ☐ Business

This payment authorization is to remain in effect until I, _____, notify
Customer Name
_____ of its cancellation by giving written notice in enough time for the
Business Name
business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature Customer Printed Name Date

UPDATED January 2022