

ACH Authorization Form

Date:

_____ (the "Company") Company Name:_____

Thank you for agreeing to pay your invoice using our Bill & Pay electronic payment system. Banking rules require that you give your approval to pay your invoices electronically. The approval is active until you notify us that you want to stop using the electronic payment process.

Our Bill & Pay electronic payment system is safe, efficient, and consumer friendly. Banking laws protect consumers from ever having to worry about someone taking money from their account using electronic payments in an unauthorized manner.

Please complete this form and return it to us so we can get you set up for electronic payments.

_____(title) to initiate entries to my checking or savings account at the Ι, (name), financial institution listed below. This authority will remain in effect until five days after I provide written notice to cancel it.

Please indicate below if this authorization is for a one-time use or if Lazer Energy should keep the authorization on file for future purchases

ONE TIME USE **KEEP ON FILE FOR FUTURE PURCHASES**

If you require Lazer Energy to collect any other information from the person on the Company's behalf, such as Drivers License Number, call before using, etc, please indicate such requirements here:

Deliveries of services/products/equipment may be accepted by any employee of the Company.

Name on Account ^(please print) Your Address			Bank or Credit Union Name Bank or Credit Union Address	
Account Number (see example below)			Transit/ABA/Rourting Number (see example below)	
Your Signature			Today's Date	
YOUR NAME 1234 Main Street Anywhere, OH 00000 PAY TO THE ORDER OF	DATE	123		
ORDER OF		DOLLARS		

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