



ACH Authorization Form

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: Checking/Savings

Routing/Transit Number: \_\_\_\_\_

Financial Institution:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, State and ZIP: \_\_\_\_\_

Bank Telephone#: \_\_\_\_\_

Amount to Be Paid Each Month: \$ \_\_\_\_\_

Date to Be Paid Each Month: \_\_\_/\_\_\_/\_\_\_

Duration: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

I authorize Turchi, Inc. to withdraw funds from my bank, savings & loan or credit union account in the amount of my monthly payment. This withdrawal will be made on day first of every month. I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify Turchi, Inc. in writing 30 days in advance.

I understand that if my automatic draft is returned for non-sufficient funds or account closed I may be charged additional fees and collection actions may be taken.

My signature below indicates that I have verified and confirmed that all of the information provided is correct.

A voided check is attached with this form.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Company Use Only:

Reference to appear on account: Name \_\_\_\_\_ Unit \_\_\_\_\_ Property \_\_\_\_\_

Corp Yes No