



BILLING ACH AUTHORIZATION FORM

CLIENT NAME: _____ **CONTROL ID:** _____

I (we) hereby authorize CERTIPAY AMERICA, INC. to initiate debit entries to my (our) checking account indicated below and depository named below for all processing fees indicated on the signed Service Agreement (s) or Add On Service Agreement (s), hereinafter called DEPOSITORY, to debit the same such amount.

BANK NAME: _____

TRANSIT/ABA NO: _____ **ACCOUNT NO:** _____

This authority is to remain in full force and effect until CERTIPAY AMERICA, INC. and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford CERTIPAY AMERICA, INC. and DEPOSITORY a reasonable opportunity to act on it.

Authorized Client Name (Please Print): _____

Authorized Client Signature: _____ **Date:** _____