



1863 Banks Road ♦ Margate, FL 33063
Phone: 954-714-9445 ♦ Fax: 954-714-0274
Toll Free: 888-266-7871 ♦ Fax: 800-231-9280

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

NAME OF COMPANY: _____
COMPANY ADDRESS: _____

NAME OF FINANCIAL INSTITUTION: _____
ADDRESS: _____

I HEREBY AUTHORIZE THE DIRECT DEBIT FROM THE ACCOUNT AND FINANCIAL INSTITUTION INDICATED. SUCH DIRECT DEBIT WILL BE MADE ON EACH SUCCESSIVE PAYDAY, UNLESS THIS AGREEMENT IS TERMINATED BY EITHER PARTY IN WRITING. ANY SUCH NOTIFICATION OF TERMINATION SHALL BECOME EFFECTIVE FOLLOWING RECEIPT, AFTER A REASONABLE OPPORTUNITY TO ACT ON IT.

I REQUEST THE FUNDS BE DEBITED FROM MY/OUR ACCOUNT # _____

CUSTOMER SIGNATURE: _____ TITLE: _____ DATE: _____

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.
