



ACH PAYMENT AUTHORIZATION

Billing Information

Business Name: _____

Billing Address: _____ Phone Number: _____

City/State/Zip: _____ Email: _____

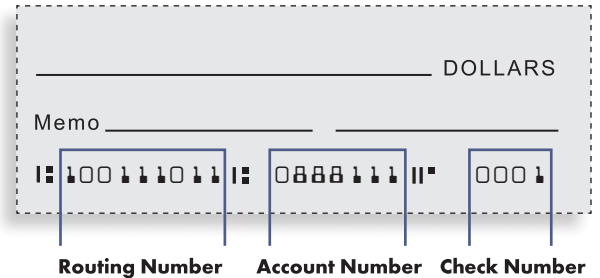
Bank Details **Checking** **Savings**

Account Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____



Please attach a voided check to this form.

I authorize Premier One to schedule charges to my checking/savings account.

- I understand I will receive an electronic invoice the 1st of each month indicating the amount to be drafted.
- The amount will be deducted on the 15th of each month. If the 15th should fall on a weekend or holiday, I understand it will be deducted on the next business day.
- I understand this authorization will remain in effect until cancelled in writing.
- I agree to notify Premier One in writing of any changes in my account information at least 15 days prior to the next billing date. I certify that I am an authorized user of the bank account and will not dispute these scheduled transactions with my bank.

Authorized Representative:

Print Name: _____ Signature: _____

Date: _____

All information should be submitted to:

Karen Scherrer, Premier One Administrator

Phone: 260-755-3585 ext. 102

Fax: 260-444-4212

Email: Kscherrer@pmgagency.com