

ACH Authorization Form

All information on this form is required unless otherwise noted.

Business Authorized to Debit/Credit Account:

CASHLINE ATM INC

909-801-7399

Authorized Business Name
2303 Orange ST

Authorized Business Phone Number
Highland Ca 92346-1866

Authorized Business Address

City ST Zip

Account Holder Information:

Account Holder Name

Account Holder DBA Name (If Business Account)

Account Holder Phone

Account Holder Address

City ST Zip

Account Holder's Bank Information:

Account Holder's Bank Name

Branch City ST Zip

How to find your Routing and Account Numbers on a check:



- ☐ Business Checking
☐ Personal Checking
☐ Savings

Bank Routing Number (9 digits)

Bank Account Number

Transaction Information:

Goods Purchased/Services Rendered

☐ One-time ☐ Recurring

Rate _____

No. of Transactions _____ or Open Ended ☐

\$

Amount of Transaction

Effective Date

Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Signature of Account Holder

Name/Title of Account Holder

Date

ACH Processing Provided By



Better payments.