



ACH Debit Authorization Form

Legal Company Name:		
DBA:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	Effective Date:
Bank name:		
Bank Street Address:		
City:	State:	Zip Code:
Bank Contact Name:		Bank Phone:

Transit/ABA or Routing #

Account #:

I hereby authorize CTIconnect, LLC to initiate debit/credit entries to my account indicated above in the amounts equal to each invoice, and I authorize the depository financial institution named above to process said entries. I understand that invoice amounts are variable with each pay period. I waive my right to receive written notice of varying amounts and elect instead to be notified one day prior to each pay date of the exact amount of the invoice for that pay period. I agree that the effective date of each debit will be the same as the pay date for that period and that if the above-named bank rejects or declines to pay for any reason a debit initiated under this agreement, the full amount of the invoice will be due immediately in certified funds.

This authority is to remain in full force and effect until CTIconnect, LLC has received written notification from me of its termination in such manner as to afford CTIconnect, LLC and its own financial institution a reasonable opportunity to act on it.

Authorized Signature:

Date:

Printed Name and Title:

(must be signer on the account)

Please attach a voided check for the bank account allocated for the ACH debit payments