ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) authorize Equip2Serve to initiate entries to my (our) checking/savings accounts at the financial institution listed below on the _____ of the month, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Equip2Serve is notified by me (us) in writing to cancel it in such time as to afford Equip2Serve and the financial institution a reasonable opportunity to act on it.

_____

Name of Financial Institution

_____

Address of Financial Institution - branch, city, state, zip

_____ _____

Signature Date

_____

Name (Please Print)

_____

Address (Please Print)

Set Monthly Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Mail completed form to: Equip2Serve, 6582 US Hwy 431, #146, Alexandria, AL 36250