

## Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): \_\_\_\_\_

Address:

\_\_\_\_\_

Bank Routing Number (these are the numbers between the colons at the lower left corner of your check): \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

Bank Account Number: \_\_\_\_\_

Email Address for electronic receipt (optional): \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete the information in the box below to authorize a credit card transaction.

Card Holder Name: \_\_\_\_\_

Card Address:

\_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Card Type: ☐ Visa ☐ Master-card ☐ Discover-card \_\_\_\_\_ CSV: \_\_\_\_\_

E-mail Address for electronic receipt (optional): \_\_\_\_\_

Signature: \_\_\_\_\_