



ACH Payment Authorization Form

Payment Information

Business name/or Personal name as it appears on Bank Account:

Full Billing Address: _____

Email Address (required for receipts): _____

ACH [Electronic Check]

Bank Name: _____

Bank Address: _____

Routing Number (9 Digits): _____

Bank Account Number: _____

Business Checking

Personal Checking

Authorization

I authorize Aberdeen Captioning, Inc. to process the charges for the approved amount on the invoices/order summaries to my Bank account until I revoke the charging privilege in writing.

Signature: _____

Printed Name: _____

Title: _____

Date: _____



Aberdeen Broadcast Services