## **Bank Transfer Authorization Form**

I authorize *Century Cash Register* to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:				
☐ One time on	for the amount of	\$		
☐ Starting on	_ and on the _ day of t	he month of each	month through _	mm/dd/yy
for the amount of \$				
☐ Starting on	for the amount of	\$ a	nd accordingly t	hereafter per
the terms in invoice(s)				
Customer bank account	information:			
Routing numbe	r		Account number	
Account type:   Check	ing □ Savings	☐ Consumer	Business	
This payment authorization	n is to remain in effec	t until I,	stomer name	, notify
Business name	f its cancellation by (	giving written noti	ce in enough tim	e for the
business and receiving fina	uncial institution to ha	ve a reasonable o	opportunity to ac	t on it.
Customer signature	Custo	mer printed name		Date