



ACH Authorization Form

Date: _____

Customer Name: _____

Address: _____

City, State and ZIP: _____

Telephone #: _____

Account Number: _____

Type of Account: Checking/Savings

Routing/Transit Number: _____

Financial Institution:

Bank Name: _____

Bank Address: _____

Bank City, State and ZIP: _____

Bank Telephone#: _____

Amount to Be Paid Each Month: \$ _____

Date to Be Paid Each Month: ___/___/___

Duration: From ___/___/___ to ___/___/___

I authorize Turchi, Inc. to withdraw funds from my bank, savings & loan or credit union account in the amount of my monthly payment. This withdrawal will be made on day first of every month. I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify Turchi, Inc. in writing 30 days in advance.

I understand that if my automatic draft is returned for non-sufficient funds or account closed I may be charged additional fees and collection actions may be taken.

My signature below indicates that I have verified and confirmed that all of the information provided is correct.

A voided check is attached with this form.

Customer Signature _____ Date _____

Company Authorized Signer _____ Date _____

Company Use Only:		
Reference to appear on account: Name _____	Unit _____	Property _____
Corp Yes	No	