

ELECTRONIC CHECK AUTHORIZATION FORM

ACCOUNT NAME _____ ACCOUNT # _____

INVOICE#(S) _____

TOTAL AMOUNT BEING PAID _____

AMOUNT OF INVOICE _____

AMOUNT OF LATE FEE/FINANCE CHARGE _____

WEEKLY PAYMENT OF _____ UNTIL BALANCE IS PAID IN FULL

FIRST PAYMENT BEGINS ON _____ -

BANK INFO:

BANK NAME _____

BANK ADDRESS _____

TRANS # (9 DIDGIT) _ _ _ _ _

ACCOUNT # _____

ACCOUNT TYPE: ___ CHECKING ___ SAVINGS

NAME OF PERSON MAKING PAYMENT _____

DATE _____ PHONE # OF PERSON MAKING PAYMENT _____

SIGNATURE AUTHORIZATION _____

Please send a copy of cancelled check.

To cancel this transaction, e-mail billing@getzfire.com or call 309 999-8358



****INSTRUCTIONS ****

Complete all fields and save this form to your computer. Then send to billing@getzfire.com as an attachment to email.