

# Bank Draft Authorization Form

Please complete all the fields. You may cancel this authorization at any time by contacting us.  
This authorization remains in effect until canceled.

Bank Draft Details	
Account Holder Name	
Bank Name	
Account Number	
Routing Number	

By signing this form, I am authorizing DocuCo to charge my bank account for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date