

ACH CREDIT/DEBIT Authorization Form

Perfect Mobile, Inc.

Wireless Wholesale / Distribution
4119 John Marr Drive Annandale, VA 22003
TEL. (703) 256-3456
[Email: ops@softpayplus.com](mailto:ops@softpayplus.com)

As a duly authorized check signer on the financial institution account identified below, I authorize Perfect Mobile, Inc. to perform scheduled or periodic electronic funds transfer debits and/or/credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same.

Furthermore, if any such electronic debit(s) should be returned by my (our) financial institution as Non-Sufficient Funds (NSF), I (we) authorize Perfect Mobile, Inc. to collect a returned item fee of \$35.00 for first item and \$50.00 for the second item by electronic debit from my (our) account identified below.

I understand and authorize all of the above as evidenced by my (our) signature below.

BUSINESS INFORMATION			
SOFTPAYPLUS Account#			
Business Name			
Tax ID	Federal Tax ID Number	State Tax ID Number	
Business Address	Street		
	City	State	ZIP
BANK INFORMATION			
Name of Bank			
Bank Contact			
Account Number			
Transit Routing Number			
AUTHORIZED SIGNATORY			
Name & SSN	Name	SSN	
Residential Address	Street		
	City	State	ZIP
Signature	X		

Enclose a voided check from the bank account.