

## **ACH Direct Debit or Credit – Monthly Invoice**

This request is for: ☐ Initial setup ☐ Modification to existing setup

Institution: \_\_\_\_\_ Logo: \_\_\_\_\_

Billing contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

We request ACH direct debit/credit of our monthly invoice to the following account:

☐ EFT settlement account

☐ DDA account #: \_\_\_\_\_ R/T: \_\_\_\_\_

☐ G/L account #: \_\_\_\_\_ R/T: \_\_\_\_\_

Name of institution housing the account: \_\_\_\_\_

I authorize EFT from EFT Solutions to debit or credit the above account for the amount shown on my monthly invoice. I understand that my invoice will still be mailed to me about the 15th of each month, and that the debit or credit will occur about two to five business days before the end of the month. I also understand that it may take up to two billing cycles to implement the automatic debit or credit, and that this authorization remains in effect until EFT Solutions receives written notice terminating this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

**Fax to Accounts Receivable at 503-274-6619.**

### **Office use only**

Entered on: \_\_\_\_\_ Sent to A/P on: \_\_\_\_\_ Processed by: \_\_\_\_\_