



## AUTHORIZATION FORM

Customer Name:	FEIN or SS#:
Business Address:	
City, State, Zip:	Business Phone:
Name as listed on Checking Account:	
Address on checking account (if different from above):	

## PAYMENT INFORMATION

Please Circle One:    Checking    Account    /    Savings Account
Bank Name:
Routing #:
Account #:

\*NOTE: All New Contractors: To ensure proper processing time, ACH payments are not available on a contractor's first payment from Microf LLC

**PLEASE SUBMIT TO AP@MICROF.COM**

### AUTHORIZATION:

I authorize my Bank to credit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days). Changes to banking information such as account or routing numbers will require a new ACH authorization form to be filled out and submitted to accounting 15 days prior to any change being implemented. I understand that Microf can terminate this payment plan at any time.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the Bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

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

**CALL US TODAY! • 855.MICROF1 • 855.642.7631**