



Accumera LLC
YOUR INCORPORATION SOLUTION

ECheck AUTHORIZATION

Accumera LLC • 911 Central Avenue, #101 • Albany, NY 12206
(518) 937-9117 • (888) 467-1289 **toll free** • (518) 937-9128 **fax**
info@accumera.com • www.accumera.com

ECheck AUTHORIZATION DETAILS

Date: _____

I/We, _____, authorize **Accumera LLC**

to charge my/our banking account listed below on (*date*) _____ for the amount

☐ of \$ _____ for invoice number(s): _____.

-OR-

☐ Keep account on file and debit as per written request.

My/Our bank account information is as follows: (*Note: US Bank Accounts Only*)

Account Holder Name (*as appears on bank account*): _____

Bank Name: _____

Bank Account Type: ☐ Personal Checking ☐ Personal Savings ☐ Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

Term of authorization (*choose one*):

☐ One time debit from account for amount and invoices listed above.

☐ This payment authorization is valid and to remain in effect unless I/We,

_____, notify **Accumera LLC**
of its cancellation by sending written notice to info@accumera.com.

Authorized Signer Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____