



ACCUMERA

ECHECK AUTHORIZATION FORM

Accumera LLC • 911 Central Avenue, #101 • Albany, NY 12206
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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: _____