ACH Authorization Form

Add ☐   Delete ☐   Change ☐

Legal Corporate Name _____

Your Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Funds Settlement Information

Bank Name: _____

Account Owner: _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

Checking ☐   Savings ☐

_____ authorizes Computer Software Solutions Inc. d/b/a GRSoftware, or its designated assignee (hereinafter referred to as GRSoftware), to initiate ACH transfer entries and to credit and/or debit the account identified herein for technical support relating to GRSoftware services. This authorization shall remain in effect unless and until GRSoftware has received written notification from user that this authorization has been terminated in such time and manner to allow GRSoftware to act. Undersigned represents and warrants to GRSoftware that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____   ___ / ___ / _____
Account Owner Signature   Date

_____
Print Name and Title