

## ELECTRONIC CHECK / ACH AUTHORIZATION

Fax or email to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801 Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

credit the account identified herein for product purchas extent needed to reasonably support debit transactions. to comply with all electronic fund transfer regulations, Customer by providing written notice of cancellation to processed/cleared through the account. Any debits and automated clearing house (ACH) system. In the event returned ACH fee of \$50.00 per returned item.	All shortages a requirements a o Convenience credits pursuar	nd adjustments are the full respond nd rules. This Authorization shal ATMs, Inc and after such time as at to this Authorization will be aff	omer agrees to keep accommendations of the Custome II remain in effect unless all purchases and adjusted through the Feder	ount funded to the er. Customer agrees s cancelled by stments have been ral Reserve System
The undersigned represents and warrants to Convenien Account referenced above and all information regarding				ed signatory on the
Authorized by (signature of Customer):			_ Date:	
Print Name:				
<b>Customer Information:</b>				
Name on Bank Account:				
Statement Address:				
City, State, and Zip:				
Phone Number:				
Email Address:				
Bank Information:				
Financial Institution / Bank Name:				
Address:	<del>.</del>			
City:	State:	Zip Code:		
Banking Contact Name:		Phone Number:		
Routing/Transit Number (9 digits):				
Account Number:				
Business Name as it Appears on the Account				