



www.realtime-products.com
(877)580-7231

CUST# _____

ACH Authorization Form

CREDIT / DEBIT AUTHORIZATION FORM

I (we) hereby authorize REAL TIME PRODUCTS (THE MERCHANT) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE MERCHANT is notified by me (us) in writing to cancel it in such time as to afford THE MERCHANT and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Customer Company Name: _____

Accounts Payable Contact Name: _____ Phone: _____

Billing Address: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type _____ Checking _____ Savings

These numbers are located on the bottom of your check as follows:

ROUTING NUMBER:

ACCOUNT NUMBER:

⑆ 123456789 ⑆ 1234567890123 ⑆

Authorizing Name(s) (PLEASE PRINT)

(Signature(s))

(Date)