



ACH Authorization Form

Business Authorized to Debit/Credit Account	
Authorized Business Name	Pace-O-Matic
Authorized Business Phone Number	(470) 294-2807
Authorized Business Address	3450 Corporate Way, Duluth, GA 30096
Account Holder Information	
Account Holder Name	
Account Holder Phone	
Account Holder Address	
Account Holder's Bank Information	
Account Holder's Bank Name	
Account Holder's Bank Address	
Bank Routing Number (9 digits)	
Bank Account Number	
Transaction Information	
Amount	Amount due for goods and services
Recurrence	1st of the month
Authorization	
<p>The undersigned hereby authorizes Pace-O-Matic to electronically draft through the Automated Clearing House system any amounts due for goods and services provided. This authority will continue until withdrawn in writing by the undersigned account holder. The undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. If a monthly debit is rejected for any reason. User shall resolve the rejected monthly debit within 10 business days of the rejection. Failure to resolve the rejected debit within said time period may result in a termination of this agreement. I acknowledge that rejected debits are subject to a \$25 reject fee if items are returned for insufficient funds.</p>	
Signature of Account Holder & Date	
Name/Title of Account Holder	

RETURN A COPY OF A VOID CHECK
 (AUTHORIZATION IS NOT VALID WITHOUT A VOID CHECK)

E-mail to: velocitysales@paceomatic.com