



## ACH AUTHORIZATION FORM

Payor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Billing Information

Account Type:  CHECKING  SAVING

Routing Number:  
(Paper & Electronic) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  PERSONAL  BUSINESS

Date to be Charge: \_\_\_\_\_

Amount to be Charge: \_\_\_\_\_

Would you like to receive the receipt by e-mail?  Yes  No

*I authorize **Sunrise Spiritist Society of Texas** to charge MY ACCOUNT indicated in this authorization form for the indicated amount. I certify that I am an authorized user of this ACCOUNT and that I will not dispute the payment with my bank. I have the right to revoke this authorization by notifying the **Sunrise Spiritist Society of Texas**.*

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_