

No matter how you spend your time...



Northeast Communications Keeps You Connected!



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Debit Authorization

(Variable Amounts)

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Client Name _____

Client Account Number: _____

I (we) hereby authorize (Business Headquarters, Inc. d/b/a Northeast Communications), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Company may debit my account for amounts becoming due by me on a monthly basis, according to the due date on my account, up to the amounts indicated below: check all that apply

0 to \$250: _____	\$250 to \$500: _____	\$500 to \$1000: _____	\$1000 to \$5000: _____
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Financial Institution Name:	Branch:
Address:	Type of Account (check one below):
City/State:	Checking:
ZIP:	Savings:
Account Name:	
Routing Number:	
Acct Number:	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name:
Company Name:
Signature:
Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!