

Direct Debit Authorization Form

Accounts on Direct Debit Terms shall have payments initiated in the following manner:

Payments for products or services detailed on a Purchase Agreement or other document shall be processed per the payment terms listed on that sales document. Invoices with ACH on File terms are processed for payment on or about 15 calendar days after the invoice date.

Customer Information:

Customer Name:	Phone Number:
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Address:

City:	State:	Zip:
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Bank Information:

Bank Name:	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
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Bank Address: (city, state, zip)

Bank Account Number:	Bank Routing Number:
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How to find your Bank Information:

The Bank Routing number is a 9 digit number with the one line and two dots.
 The Bank Account number has the symbol with two lines and one dot at the end. See example at right.



Authorization:

As an authorized representative of the company listed above, I hereby authorize Cervion Systems to initiate electronic transactions debiting my account (payments) from the financial institution identified above as payment for goods, products and services. I understand it is my responsibility to ensure that sufficient funds are available in the account. Cervion Systems reserves the right to collect any fees resulting from insufficient funds. If ever a debited amount needs to be adjusted, Cervion Systems is authorized to make the adjustment without prior notification. This authorization shall remain in full force and effect until cancelled by providing 45 days written notice. I understand it is my responsibility to notify Cervion Systems of any changes to my Bank Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. All sales are final and non-refundable.

Signature:	Date:
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Name:	Title:
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Please Return to Accounting@cervion.com