



**AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK PAYMENTS  
(via ACH, the Automated Clearing House network)**

\_\_\_\_\_ (OWNER NAME) of

\_\_\_\_\_ (BUSINESS NAME)

hereby authorizes THE BUSINESS GUIDES to make electronic payments from the bank account indicated below. (There is no fee charged for this direct payment service.)

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Select type:     CHECKING ACCOUNT         SAVINGS ACCOUNT

ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**IF AVAILABLE, PLEASE ATTACH A VOIDED CHECK AS VERIFICATION.**

**This authority is to remain in effect for the life of the service agreement contract or until THE BUSINESS GUIDES has received written notification of its termination. If you choose to terminate the automatic payments, please allow at least three business days to process the cancellation request. Thank you!**

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**

Please return via the File Upload tab on our website, or mail to:  
(360) 385-6961 • 842 Washington St. #104 • Port Townsend, WA 98368