

Etomic Companies Inc

Check Authorization Form

If you would like to enjoy the convenience of a one-time check draft authorization, simply complete the information below and sign the form. All requested information is required. Upon approval, we will draft your checking account using the information you provide to us below and your charges will appear on your checking account statement. You may not cancel this authorization after work has been started on your project. All sales are final and since we are a service business, there are no refunds or exchanges.

Customer Information

Customer name: _____

Website Address: _____

Phone: _____ - _____ - _____

Check Information

Name on Check: _____ Check Number: _____

Address on Check: _____ City: _____ State: _____ Zip: _____

Bank Name: _____ Bank City: _____ Bank State: _____ Bank Zip: _____

Bank Routing #: _____ Bank Account #: _____

I authorize Etomic Solutions Inc to draft the below checking account in the amount of: \$ _____

Signature

Date

Complete & Fax to 336-464-2068

(This fax line is digitally secured using the same technology banking institutions use.)