



(209)409-8676 | www.yourcgit.com

ACH/ Bank Account AUTHORIZATION FORM

Client/ Business Name: _____

I Hereby authorize CGIT Technology Integrators to charge the amount on my monthly invoice, Each month using the Bank Account Information Below, I understand that all monthly invoice payments are processed between the 3rd & 6th of the month depending on the weekend, I also authorize CGIT to use this payment method for any additional invoices I may have due throughout the month for additional services or hardware, to be paid by the due date of that invoice.

Bank Account Information:

Bank Name: _____

Account Number: _____ Routing Number: _____

Account Holder Full Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Authorized User: _____ Date Signed: _____

*By signing the above form, I authorize the above-named business (CGIT Integrators of Technology) to charge the Credit Card indicated on this authorization form according to the terms outlined above and on the invoice. This payment authorization is for the services outlined in the maintenance contract, Lease, Rental Agreement, or Invoice I have accepted or that I signed. I certify that I am an authorized user of this credit card and agree that I will not dispute the payment with my bank; so long as the transaction corresponds to the terms and amounts equal the invoice total emailed to me.