



Bank Transfer Authorization Form

I authorize Proeger & Associates, Inc to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

____ One time on _____ for amount of _____
mm/dd/yy

____ Monthly invoice amount. We will send you the bill each month for your approval prior to entering the charge.

Client Name: _____

Customer bank account information:

Name on account _____

Routing number _____

Account number _____

Account type: ____ checking, ____ savings

Monthly payments are due within ten (10) days of receipt of statements, so if you prefer a different method of payment, please let us know within 10 days.

Client (or POA) approval of this payment authorization: (signature & printed name):

Signature: _____

Printed Name: _____

Please fax the form back to Proeger & Associates, Inc 941-359-8274