

FUNDS DUE

ACH PAYMENT AUTHORIZATION FORM

Alert! This payment will be applied towards funds due!

AMOUNT of DRAFT: \$ _____

These funds are to be applied toward a product, service or due balance as stated below:

Description: _____

'ONE-TIME' ACH BANK DRAFT AUTHORIZATION

Please **Print** Your Full Name _____

Cell Phone _____

Social Security # _____

BANK: _____ Check # _____

BANK ROUTING # _____ **ACCOUNT #** _____
Long Number on Bottom Left of Check Actual Bank Account # is Part of Long #

I HEREBY AUTHORIZE **FRONTIER FUNDING** TO DEBIT MY BANK ACCOUNT THROUGH 'POWER-EPAY' ACH PAYMENT SYSTEMS, AS REQUESTED ABOVE, FOR THE PURPOSE STATED IN THE DESCRIPTION AREA. IF MY FUNDS BOUNCE, I AUTHORIZE A \$35 PENTALTY FEE.

X _____ **X** _____
Your Signature Date

- 1) REMOVE A BLANK CHECK FROM YOUR CHECKBOOK
- 2) WRITE YOUR **SIGNATURE** & THE WORD "**VOID**" ACROSS THE CHECK
- 3) PHOTOCOPY YOUR VOIDED CHECK
- 4) FAX THIS FORM & COPY of VOIDED CHECK TO:

954 925-7887