

# AUTHORIZATION FORM

Company Name: SOCOMA FOR OFFICE USE ONLY:

CUSTOMER # ES23058 DATE \_\_\_\_\_

Effective date of authorization: \_\_\_/\_\_\_/\_\_\_

**Type of authorization:**

New authorization

Change payment amount

Change payment date

Change banking information

Discontinue electronic payment

Last Name

First Name

Address

City

Zip

Email Address

Email debit notice to me

Date of first payment:

\_\_\_/\_\_\_/\_\_\_

Frequency of payment (check one):

Quarterly (1st of each quarter)

Annually (January 1st)

Amount of cost:

\$100/qtr

\$400/yr

Date of last payment:

\_\_\_/\_\_\_/\_\_\_

Please debit payment from my (check one):

- Savings Account (contact your financial institution for Routing #)  
 Checking Account (staple a voided check below)

Routing Number:

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number:

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_