Company Legal Name		Merchant ID	
Company Address			
Company City, State and Zip			
I/We, hereby authorize <u>Pappas Financial Gro</u> and or credit entries to my (our)XI Checking A below at the depository financial institution nato debit or credit the same to such account. I transactions to my (our) account must comply be for the annual/monthly PCI Compliance for account as well as for any ongoing orders init purchases.	Account / Accoun	gs Account (sel sinafter called D ge that the origin ons of U.S. law. Card Equipmen	ect one) indicated EPOSITORY, and nation of ACH The payments will t for my merchant
Depository Name	Branch		
City	State		Zip
Routing Number	Account Number		
Routing No.	Bank Account No.		
his authorization is to remain in full force and e otification from me (or either of us) of its termin OMPANY and DEPOSITORY a reasonable op Payment Date 1st day of each Month Number of payments Ongoing	effect until COMP nation in such tim oportunity to act o	ANY has received and such mar	nner as to afford

*Pappas Financial Group does not provide any services to repair/fix/maintain any operating system related to PCI compliance.

**Voided check is required