



ACH Authorization Form

All information on this form is required unless otherwise noted.
Please type or print all entries and email to cs@solaroenergy.com

Business Authorized Debit/Credit Account

Authorized Business Name

Authorized Business Phone Number

Authorized Business Address

City, State, Zip


Account Holder Information

Account Holder's Bank Name

Branch City, State, Zip

Bank Routing Number (9 digits)

Bank Account Number

example: 
Routing Number Account Number Check Number

Business Checking Personal Checking

Transaction Information

Invoice Number / Statement Period

Maximum Amount

Effective Date

One-Time

Recurring

Authorization

In exchange for product and/or services listed above the undersigned hereby authorizes:

_____ to electronically draft via Automated Clearing House (ACH) system the amount indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are dully authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

Signature of Account Holder

Name/Title of Account Holder

Date