

## ACH AUTHORIZATION FORM

BUSINESS INFORMATION		
Business name:		
Federal Tax ID (EIN):	State Tax ID:	
Business Address:		
City:	State:	ZIP Code:
BANK INFORMATION		
Name of Bank:		
Bank Contact:	TP:	Fax:
Account Number:		
Transit Routing Number:		
AUTHORIZED SIGNATORY 1		
Name:		
Social Security Number:		
Address:		
City:	State:	ZIP Code:
Signature: X		

MyTotalCall is authorized to debit my bank account via ACH transfer in payment for products and services purchased from: MyTotalCall.

Credit Report Authorization: I hereby provide my consent to and authorize MyTotalCall to investigate the personal and business history of the Account Signatory (s) below and each of its principles, partners, stockholders, and members (collectively, the "investigates") and to obtain credit bureau reports for each investigate and information from any other source which may bear upon the financial responsibility or acceptability of and investigate for MyTotalCall under this investigation.

**NAME (Print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\* Please provide a copy of a voided check from the above bank account—REQ'D\*\*\***